



Where Communications Professionals  
Go to Know

Fraud Control • Revenue Assurance • Risk Management

**CERTIFIED COMMUNICATION SECURITY PROFESSIONAL(CCSP) PETITION**

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

POSITION: \_\_\_\_\_

CURRENT EMPLOYER: \_\_\_\_\_ DATE EMPLOYED: \_\_\_\_\_

COMPANY ADDRESS \_\_\_\_\_  
(City) (State) (Zip) (Country)

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(City) (State) (Zip) (Country)

HOME PHONE: \_\_\_\_\_

**Requirements for Certified Communications Security Professional:**

Category	Minimum Requirements
Experience	50 credits
Education	75 credits
Association Activity	30 credits
Any combination of the above	45 credits
<b>Total Minimum Requirement</b>	<b>200 credits</b>



Credits are given for accredited college level schools and certain CFCA sponsored activities. (No credits are given for high school education, nor are any deducted for non-completion.) Credits are given according to the schedule listed on the attached worksheet.

Please complete the attached CCSP Program worksheet that will help calculate the number credits in each category. All documentation must be verifiable. In order to do this, please attach the following information where applicable:

- Experience Verification form(s) to covering the positions and years of experience
- CFCA Educational Certificates
- Formal Education Degree Diplomas
- Confirmation of Participation in CFCA Activities (e-mails, certificates, other.)

If in doubt, submit the information or call the CFCA Headquarters.

Please provide a list of the following: (if more space is needed, attached a separate page)

CFCA EDUCATIONAL EVENTS (list date, city, state)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

CFCA SPONSORED WORKSHOPS/ALLIED ASSOCIATION, RELATED USER FORUMS, KNOW WEBINARS,  
(list title, date, city/state if applicable, and )

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_



Where Communications Professionals  
Go to Know

Fraud Control • Revenue Assurance • Risk Management

CFCA ASSOCIATION ACTIVITIES (Committee, Task Force, Board Member, Speaker, etc.): (list title(s) and year(s))

DATE JOINED CFCA: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

The signature below signifies that all the information in the CCSP Petition and supporting documentation is true and accurate to be best of my knowledge.

(Signature) \_\_\_\_\_ Date: \_\_\_\_\_