



**Invites you to become a
CERTIFIED COMMUNICATIONS SECURITY PROFESSIONAL (CCSP)**

The Communications Fraud Control Association (CFCA) seeks to advance to the highest standards of professional behavior and competence among its membership through a certification program.

To be eligible to petition for the CCSP examination, applicants must be CFCA members in good standing who meet all current criteria as established by the Certification Committee and approved by the CFCA Board of Directors.

How to apply for certification:

- File application on the [petition](#) form provided by CFCA.
- Submit all required data along with petition, including this form (below).
- Remit non-refundable petition/application fee of \$200.00 (US) with petition.
- The petition is reviewed by the Certification Committee to ensure eligibility requirements have been met.
- The applicant is notified by mail of the status of the petition, and, if approved, the date, time and procedure to follow for taking the examination.

Cost:

A \$200.00 (U.S.) administrative fee is required upon filing the petition. (If eligible to sit for the exam, the matriculation/proctor fee will be passed thru to the candidate for payment prior to the exam.)

Examination dates:

The exam can be scheduled at the Annual Educational Event location or, if not attending the Annual Event, at a nearby college/university in your locality. In the first instance the exam would be given the day before the meeting. Individual arrangements will be made throughout the year to accommodate individuals seeking to take the exam at other times. The petition must be submitted 45 days prior to taking the exam in order to allow sufficient time for the review and verification process.



Where Communications Professionals
Go to Know

Fraud Control • Revenue Assurance • Risk Management

Communications Experience Verification Form

Completed verification forms for **each** listed experience are to accompany the certification petition. Each form must be signed by the applicable supervisor or authorized representative.

Applicant's Name: _____

Name of Company: _____

Position Held: (A form must be completed for each position held, make additional copies as needed)

Dates Held:

From: _____ To _____

Duties: _____

Please read carefully before signing:

The above stated applicant is applying for Certified Communications Security Professional designation. All information will be treated with confidentiality.

I, _____ the undersigned, declare that I am not related in any way to the applicant and that I have known the applicant in a supervisory capacity for a minimum of one year. I have read the information listed above and believe all the statements therein to be true. I will, upon request, provide any additional relevant information that I possess concerning the applicant.

Director/Manager/Supervisor's Name:

(Print) _____ Title _____

Signature: _____ Date: _____

Telephone: _____ E-Mail: _____