



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.

[Eligibility Requirements](#)

[Petition](#)

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[Experience verification forms](#)

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 [experience verification forms](#).
- 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 will be administered at the Annual Conference site or, if not attending the Annual Conference, at a nearby college/university in your locality. In both instances the exam will be given the day before the meeting. Arrangements may be made for individuals seeking to take the exam at other times of the year. The petition must be submitted a minimum of 45 days prior to taking the exam in order to allow sufficient time for the review process,

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Telecommunications Experience
Verification Form

Completed verification forms for each listed experience are to accompany the certification petition. Each form is to be completed by the applicable supervisor.

Applicant's Name: _____

Name of Company: _____

Position Held: (A form must be completed for each position held)

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 information, as I possess, concerning the applicant.

Supervisor's Name (Print) _____ Title _____

Signature _____ Date: _____

Telephone _____

***MAKE ADDITIONAL COPIES OF THE FORM AS NEEDED**