



**APPLICATION FOR CIAPP CERTIFICATION**

**NAME** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**POSTAL ADDRESS: Street** \_\_\_\_\_

**City** \_\_\_\_\_

**Province** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**TELEPHONE** \_\_\_\_\_  
**(WORK OR HOME)**

I hereby apply for CIAPP certification in the category checked below. (For qualifications for each category, please see attached explanatory materials.)

**CIAPP Certified**      •       **CIAPP Professional**       **CIAPP Master**

Please complete the attached form corresponding to the certification designation you have checked above. Please be advised that CIAPP may request further verification from you for any information given on these forms.

**PAYMENT INFORMATION: The fee for first time certification or upgrade of certification is \$45.00.**

A cheque is included with this application (**made payable to Canadian Access & Privacy Association**)

I am paying by credit card (important - the charge on your statement will appear as CAPA)

Name on card:\_\_\_\_\_

Credit card number:\_\_\_\_\_

Expiry date:\_\_\_\_\_

Mail your application to:

CIAPP  
207 Bank Street, Suite 237  
Ottawa, Ontario K2P 2N2

OR

Fax your application to: (613)-833-0905

OR

Email your application to: [ciapp@bell.net](mailto:ciapp@bell.net)

If you do not wish to provide your credit card information on the application, you may call (613) 833-0585 to make payment.

CIAPP values and respects your privacy. The personal information collected on this form is protected by the *Personal Information Protection and Electronic Documents Act* and will not be released without your express consent or used for any purpose other than the purpose for which it is being collected or other related administrative activities. If you have questions about CIAPP's privacy policies or practices, please contact us at [ciapp@bell.net](mailto:ciapp@bell.net).

## CIAPP "Certified" Designation

This is the core or initial level CIAPP certification. It is designed to welcome as many interested IAPP professionals as possible. The requirements are:

1. One year full-time employment out of the last three years in the Information Access and Privacy Protection (IAPP) profession,

**OR**

2. Completion of the University of Alberta IAPP Certificate program or equivalent certificate from another institution.

### **Professional Credentials Attestation**

By signing and submitting this application you confirm and attest the following to be true: You have been employed full-time, or provided related employment or consulting services, for a period of at least one year (roughly equivalent to 2000 cumulative hours) in an access to information and/or privacy protection role **OR** have completed the University of Alberta IAPP Program or equivalent certificate from another university (completed = received certificate).

If you are approved for this professional certification, you agree that you will conform and abide by the CIAPP Code of Conduct and Ethics, as amended from time to time, and will not take any actions which will bring disrepute to the IAPP profession or CIAPP.

CIAPP has the right, by virtue of your signature denoting your consent below, to collect, use or disclose any personal information about you which is relevant to the verification of your application and the administration of the accreditation process. **Please attach a list of your qualifying employment or your *Curriculum Vitae* or résumé if you are requesting certification based on employment in the IAPP field. If you are basing your request on completion of the University of Alberta IAPP Program or equivalent, please indicate the date of your completion.**

**OPT – IN** for professional status public disclosure: CIAPP may post your name, certification level and year of certification on the CIAPP website and to confirm that information when requested.

Please initial here: \_\_\_\_\_ if you wish to be publicly identified on the website and when requested.

By signing below you consent to and affirm the above. Your consent remains valid until revoked in writing by you and duly received by CIAPP at the mailing address indicated in these materials

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## CIAPP "Professional" Designation

This certification designation is the "working" level of most IAPP professionals. It indicates that the holder is a seasoned access and/or privacy professional who has worked in the field for a considerable period of time and is fully competent in all aspects of their field.

The requirements are:

1. Five years of full-time employment, out of the last seven years, in the Information Access and Privacy Protection (IAPP) profession.

**OR**

2. Three years of full-time employment, out of the last seven years, in the Information Access and Privacy Protection (IAPP) profession **PLUS** completion of the University of Alberta IAPP Certificate program or equivalent certificate from another institution.

### **Professional Credentials Attestation**

By signing and submitting this application you confirm and attest the following to be true: You have been employed full-time, or provided related employment or consulting services, for a period of at least five year (roughly equivalent to 10,000 cumulative hours), out of the last seven years, in an access to information and/or privacy protection role **OR** have have so been employed for a period of three years, out of the last 7 years, **AND** have completed the University of Alberta IAPP Program or equivalent certificate from another university (completed = received certificate).

If you are approved for this professional certification, you agree that you will conform and abide by the CIAPP Code of Conduct and Ethics, as amended from time to time, and will not take any actions which will bring disrepute to the IAPP profession or CIAPP.

CIAPP has the right, by virtue of your signature denoting your consent below, to collect, use or disclose any personal information about you which is relevant to the verification of your application and the administration of the accreditation process. **Please attach a list of your qualifying employment or your *Curriculum Vitae* or résumé if you are requesting certification based on employment in the IAPP field. If you are basing your request on completion of the University of Alberta IAPP Program or equivalent, please indicate the date of your completion.**

**OPT – IN** for professional status public disclosure: CIAPP may post your name, certification level and year of certification on the CIAPP website and to confirm that information when requested.

Please initial here: \_\_\_\_\_ if you wish to be publicly identified on the website and when requested.

By signing below you consent to and affirm the above. Your consent remains valid until revoked in writing by you and duly received by CIAPP at the mailing address indicated in these materials

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Signature

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Date

## **CIAPP "Master" Designation**

This certification is reserved for the most experienced and seasoned IAPP professionals. This distinguished designation is only given to those who are committed to continually improving and updating their educational and professional knowledge and annually affirming their ongoing professional growth and involvement.

They are actively involved in the IAPP professional community and devote certain amount of hours to promoting the profession and supporting CIAPP and other similar, non-profit access and privacy organizations. Some with this certification may be designated as "Life Achievement Master" recognizing a career which significantly has furthered the IAPP profession.

The requirements are:

1. Ten years full time employment out of the last 15 years in the Information and Privacy Protection (IAPP) profession.
2. Significant post-secondary school education in IAPP-related fields.
3. Completion of the University of Alberta IAPP Certificate program or equivalent certificate from another institution OR 15 years of full time employment in the Information and Privacy Protection (IAPP) field during your career.
4. Ongoing professional development required
5. Ongoing IAPP community activity.
6. Endorsement of the CIAPP Master's Committee, which will be comprised of a sub-committee of all those who are currently designation as CIAPP Master.

**OR**

Special functional and professional equivalency exemption from the Governing Body of CIAPP.

If you apply for this designation of CIAPP Master, the approval process may take longer than for the other designations due to the need for extensive verification.

### **Professional Credentials Attestation**

By signing and submitting this application you attest the following to be true:

You meet the requirements of this designation and your accompanying documentation and claims setting out how you meet the requirements for the Master designation are accurate.

If you are approved for this professional certification, you agree that you will conform and abide by the CIAPP Code of Conduct and Ethics, as amended from time to time, and will not take any actions which will bring disrepute to the IAPP profession or CIAPP. You also agree to meet, annually, the

requirements regarding ongoing professional development and IAPP community involvement.

CIAPP has the right, by virtue of your signature denoting your consent below, to collect, use or disclose any personal information about you which is relevant to the verification of your application and the administration of the accreditation process. **Please attach a list of your qualifying employment or your *Curriculum Vitae* or résumé if you are requesting certification based on employment in the IAPP field. If you are basing your request, in part, on completion of the University of Alberta IAPP Program or equivalent, please indicate the date of your completion. If you are basing your request, in part, on any other post-secondary education, please give the dates and details of that education listing any certificates, degrees or diplomas received.**

**OPT – IN** for professional status public disclosure: CIAPP may post your name, certification level and year of certification on the CIAPP website and to confirm that information when requested.

Please initial here: \_\_\_\_\_ if you wish to be publicly identified on the website and when requested.

By signing below you consent to and affirm the above. Your consent remains valid until revoked in writing by you and duly received by CIAPP at the mailing address indicated in these materials

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Signature

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Date