

**CIAPP CERTIFICATION RENEWAL APPLICATION**

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

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

**POSTAL ADDRESS** \_\_\_\_\_

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

\_\_\_\_\_

**TELEPHONE** \_\_\_\_\_

**(WORK OR HOME)**

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

**CIAPP Certified**

I confirm and attest that I have been employed full-time in the IAPP profession for one year out of the last two years

**CIAPP Professional**

I confirm and attest I have been employed full-time, or provided related employment or consulting services, for a period of at least five year out of the last seven years, in an access to information and/or privacy protection role **OR** have 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

**CIAPP Master**

I confirm and attest the following to be true: I 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PAYMENT: \$20.00**

A cheque is included with this application (made payable to the “Canadian Access and Privacy Association” or CAPA)

I am paying by credit card

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: [info@ciapp.ca](mailto:info@ciapp.ca)

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