

CIAPP CERTIFICATION RENEWAL APPLICATION

NAME _____

E-MAIL _____

POSTAL ADDRESS _____

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 _____

Signature Date _____

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.

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PAYMENT: \$20.00

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

_____ I am paying by credit card Name on card: _____

Credit card number: _____ Expiry date: _____

CVV (three digits from the back of the card) _____

Important - your credit card statement will have the charge from CAPA

Mail your application to:

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

OR Email your application to: 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.