



Certified Smart Card Industry Professional

04-2012



Use this form to order CSCIP training materials, register for a CSCIP training course, register for a CSCIP exam or re-take the exam. **Please note you must be both a LEAP member and approved CSCIP applicant to proceed.**

Personal Information

| | |
|---|---|
| Name | |
| Are you a LEAP member? | <input type="checkbox"/> Yes <input type="checkbox"/> No (LEAP application attached) |
| Are you approved for CSCIP membership? | <input type="checkbox"/> Yes <input type="checkbox"/> No (CSCIP application attached) |
| Company Name | |
| Work Title | |
| Number of Years with Current Company | |
| Work Address, City, State and ZIP Code | |
| Work Phone Number | |
| Work E-mail Address | |
| Alternate email address or phone number (if we cannot reach you at your work address) | |

CSCIP Certification

Please indicate the CSCIP certification that you are preparing for:

- CSCIP
- CSCIP/Government
- CSCIP/Payments

CSCIP Certification Training Documentation (required for CSCIP exam)

- I want to order the online CSCIP Smart Card Technology and Applications Training Course Modules (electronic, downloadable version only)
- I want to order the hardcopy CSCIP Smart Card Technology and Applications Training Course Modules (electronic, downloadable **plus** a hardcopy version in a three-ring binder – additional fee)

CSCIP Training & Exam Prep Course

- I want to register for the upcoming instructed full day CSCIP Training & Exam Prep Course (note that training courses cover only one CSCIP certification per date unless otherwise noted, consult website)

Date/location of course ([consult website for dates](#)) _____

CSCIP Certification Exam

I want to register for the CSCIP Exam CSCIP/G Exam CSCIP/P Exam
 Date/location of exam ([consult website for dates](#)) _____

I DO NOT wish to register for a CSCIP exam at this time (consult website for future dates when you wish to register)

CSCIP Additional Certifications

I already have my CSCIP certification, and I'd like to be certified in an additional CSCIP certification area (you may check one or both):

- All Markets (CSCIP)
- Government (CSCIP/G)
- Payments (CSCIP/P)

Date/location of exam ([consult website for dates](#)) _____

CSCIP Exam Re-Take

I would like to re-take the CSCIP Exam

Date/location of exam ([consult website for dates](#)) _____

Date/location of previous exam (must be within 12 months) _____

CSCIP Documentation, Training Course, and Exam Fees

First Time CSCIP Certification Applicant Fees:

- CSCIP Documentation (electronic only): \$100
- CSCIP Documentation (electronic plus hard copy version): \$185 (includes shipping)
- CSCIP Training and Exam Prep Course: \$380 (Alliance members); \$475 (non-members)
- CSCIP Exam Fee: \$150
- CSCIP Exam Re-Take Fee: \$75

Additional CSCIP Certification Applicant Fees:

- CSCIP Documentation (electronic only): \$50
- CSCIP Documentation (electronic plus hard copy version): \$95 (includes shipping)
- CSCIP Training and Exam Prep Course: \$190 (Alliance members); \$240 (non-members)
- CSCIP Exam Fee: \$75 (Part 3 of exam only)
- CSCIP Exam Re-Take Fee: \$50

Agreement and Signature

By submitting this application, I affirm that I have read the LEAP/CSCIP terms and conditions manual and understand the requirements for the program.

| | |
|----------------|--|
| Name (printed) | |
| Date | |

CSCIP Payment Information

Enter total amount to be paid by check or charged to the credit card below: \$_____

| | | |
|---|--|---------------------|
| Method of Payment: | <input type="checkbox"/> Check <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Visa <input type="checkbox"/> Wire Transfer <i>Send check to: Smart Card Alliance, 191 Clarksville Road, Princeton Junction, NJ 08550</i> <i>International wire transfers:</i> <i>Bank of America 3745 Quakerbridge Road Mercerville, NJ USA 08619 1- 609-586-8200;</i> <i>International SWIFT # BOFAUS3N, Bank Account #: 381 018 973 631</i> | |
| Name on Card | | |
| Card Number | | |
| Billing Address: (city, state or province) | | |
| | | |
| | | |
| Postal Code: | | Country: |
| Expiration Date | | Card Security Code: |
| Name of person authorizing this application | | Date: |