CSEIP: Certified System Engineer ICAM PACS Training and Certification Program Application

Certified System Engineer ICAM PACS training and certification is a training program designed for installers and system integrators of enterprise physical access control systems (E-PACS) that meets the federal GSA standards for approved access security systems with the use of PIV and PIV-I compliant high assurance credentials. The CSEIP training and certification is required to be recognized by the GSA on the HSPD-12 Service Integrators list residing on www.idmanagement.gov .

Pre-requisites for CSEIP training:
Each individual registering for the training must have the following qualifications prior to enrolling and taking the class:

- *Must have at least one PACS manufacturer certification for design and installation of a PACS*
- *Must have at least one year of configuration and installation experience for PACS*
- *Must have configured and implemented at least one complete PACS system in the field (software set-up and configuration a must)*
- *Must have knowledge and experience using contactless smart card ID badges and reader technology*
- *Must have a basic understanding of network technology (e.g., routers, switches, IP addressing, LAN technology)*

PERSONAL INFORMATION (Company administrator or person registering for training)

Name:	Title:
Company:	Administrator Only : ☐ Yes ☐ No
☐ Smart Card Alliance member	☐ Non-Smart Card Alliance member
Company address:	
City/State/Zip:	
Phone:	Email:
Number of years with company:	Company website:
Alternate email or phone number (in case company information changes)	

☐ I certify that this person above meets the minimum requirements listed above as Pre-requisites

PERSONAL INFORMATION (list each person registering for training below)

Name:	Title:
Company:	
Company address:	
City/State/Zip:	
Phone:	Email:
Number of years with company:	Company website:
Alternate email or phone number (in case company information changes)	

☐ I certify that this person above meets the minimum requirements listed above as Pre-requisites

PERSONAL INFORMATION (list each person registering for training below)

Name:	Title:
Company:	
Company address:	
City/State/Zip:	
Phone:	Email:
Number of years with company:	Company website:
Alternate email or phone number (in case company information changes)	

☐ I certify that this person above meets the minimum requirements listed above as Pre-requisites

List two personal professional references who can verify that training applicants meet ALL the pre-requisite PACS industry experience requirements:

1. Name:	Title:
Company:	
Address:	
City/State/Zip:	Phone:
Email:	

2. Name:	Title:
Company:	
Address:	
City/State/Zip:	Phone:
Email:	

CSEIP Documentation, Training Course, and Exam Fees

CSEIP Training and Certification Application:

Includes:

- CSECIP Training Course Documentation (hardcopy only)
- 3 Day Classroom Training and Exam Prep Course
- CSEIP Exam Fee

Fees:

Non-SCA Members - $2,495 per person

SCA Members (-20%) $1,995 per person

Government (-28%) $1,795 per person

CSEIP Exam <u>Re-Take</u> Fee: $250

CSEIP Training & Exam Prep Course

☐ I want to register for the 3 day CSEIP Training Course & Certification Exam. (Note that class size is limited. You will be notified if the training course you have selected in not available and you will be placed on a waiting list or given the opportunity to register for another upcoming class - consult the website for future dates)

Date/location of course (consult website for dates)___   _

CSEIP APPLICATION PAYMENT INFORMATION

Enter total amount to be paid by check, wire transfer or charged to the credit card below: $_____
Payment by:

☐ Check (Please note "E-PACS CSEIP Training" on the memo line of the check, must be in US currency
             Payable to: Smart Card Alliance, 191 Clarksville Road, Princeton Junction, NJ 08550)
☐ Wire Transfer: Bank of America 3745 Quakerbridge Road Mercerville, NJ USA 08619
                 1- 609-586-8200; International SWIFT # BOFAUS3N, SCA Bank Account # 381 018 973 631
☐ Credit card: Visa, MasterCard, American Express or Discover Card are accepted.

Name on Card: _____

Billing Address: _____

Credit Card Account No: _____

Expiration Date: _____   Security Code: _____

Email completed form to nlauzon@smartcardalliance.org , or fax completed form to:

1-609-799-7032. For questions, call Nicole Lauzon at 1-800-556-6828

Smart Card Alliance