Certified Smart Card Industry Professional

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?	☐ Yes ☐ No (LEAP application attached)
Are you approved for CSCIP membership?	☐ Yes ☐ 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 Secure Technology and Applications Training Course Modules (electronic, downloadable version only)

☐ I want to order the hardcopy CSCIP Secure 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)

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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

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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:	☐ Check ☐ MasterCard ☐ American Express ☐ Visa ☐ Wire Transfer *Send check to: Secure Technology Alliance, 191 Clarksville Road, Princeton Junction, NJ 08550* *International wire transfers:* *Bank of America 3745 Quakerbridge Road Mercerville, NJ USA 08619 1- 609-586-8200; International SWIFT # BOFAUS3N, Bank Account #: 381 018 973 631*
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:	