**Recertification**

All recertification candidates are required to take the internet-based recertification examination. Candidates who fail the recertification examination will need to apply to recertify via the initial certification examination process through Proctorio, as outlined below. Recertification must be completed before the certification cycle ends. Any certificant who is in jeopardy of completing their certification within the cycle year should contact ISP immediately and seek an extension. Extensions are only based on emergency circumstances such as medical issues, career change or transfer, military activation, or other extenuating circumstances submitted for review.

**About the Recertification Examination**

The recertification exam is a 75 multiple choice question, internet-based examination, that is designed to assess the knowledge of professionals in Homeland Security and or other certification areas of concentration. Recertification questions have been developed by ISP specifically for the recertification examination. Like the initial certification exam, recertification questions are based on current practices, issues, and knowledge within a certification area. The content is similar to the one used for the initial certification examination. The questions developed are held to the same standards as the initial certification exam. Recertification candidates are supplied with study materials and current issues to research. The purpose of the recertification examination is to demonstrate continued knowledge, skills, and a constant cycle of ongoing career learning. Continuing competency is critical to reaffirm your commitment to your career.

**Recertification Methods**

The following are methods an individual may use to recertify. Certficants must complete numbers one (1.) or two (2.) and number three (3.) from the list below:

1. Work Verification Method – verification of employment, accomplished by submission of a Work Verification Form, available on the ISP website, documenting work in the area of

certification in at least 12 of the prior 36 months, upon receipt of your certification. The information must include contact information of a knowledgeable authority (supervisor, manager, or human resources representative).

1. Alternate Method – Depending on the time period of your certification, certificants must accumulate a minimum of six (6) or nine (9) continuing education units (CEU) within the two or three-year certification period. Supporting documentation is required and will be subject to verification. CEU credits may be accumulated anytime during the two or three-year certification period by providing evidence of continued growth in the field as determined by the ISP Certification Committee Chairman or designee. Activities that increase knowledge in the field of certification such as professional development activities (seminars, continuing education courses, trade conferences or internal training) and certification activities with approved providers, or any combination thereof are eligible.
2. Equivalent Knowledge Exam Method – certification holders must sit for an equivalent

knowledge exam. The fee for this online examination is $125. Go to this link to make payment for using this method (**ASSESSMENT LINK). Once you have met the required recertification methods, please submit your documentation, complete the recertification application, and pay for the online assessment. You will be sent a verification stating your documents are in order and to proceed to the assessment.**

**Recertification Units**

ISP utilizes the standard established by the International Association of Continuing Education and Training (IACET). Candidates must accumulate three continued education units (CEU) per calendar year. One (1) Continuing Education Unit (CEU) equals ten (10) contact hours of learner interaction with the content of the learning activity, which includes classroom, self-paced instruction, pre-/post-assignments, and/or homework in support of a learning outcome. A certificate or letter of completion that includes the hours of classroom time is required. Classroom time is calculated by time doing course work including research, writing assessments, assignments, labs, and fieldwork.

**Continuing Education Unit:**

CEU: 0.1 CEU = 1 Contact Unit

When calculating the number of CEUs for a course, the number of contact minutes must be totaled and divided by 60 to arrive at the number of contact hours.

Total contact hours must then be divided by 10 to obtain the number of CEUs. CEUs must be expressed in tenths of a CEU; that is, 17 contact hours equate to 1.7 CEU; a three-contact hour program equates to .3 CEU.

* 1 CEU unit **per year** can be awarded for membership in a professional association.
* 1 CEU unit **per year** for current employment or volunteering as first-responder or active duty military to include Reserve and National Guard (First-responders include security, law enforcement, armed forces, and corrections).
* Individuals from the Certified Public Information Officer program can substitute volunteer literacy programs for the youth, elderly, or disadvantaged.

Post-Secondary: Calculate CEU

Conference: Calculate CEU (Class time only)

In-Service Training: Calculate CEU (Class time only)

Association Training/course: Calculate CEU (Class time only)

Online offered training through websites such as Homeland Security list the CEU amount on the certificate of completion.

If your training has a major hands-on component, please submit your outline or syllabus for a review of potential CEUs. ISP realizes that hands-on training is important and valuable for learning new skills or material which may have changed in the industry.

Please contact ISP Certification Committee Chairman for a request for CEUs not listed.

Select here to obtain the **Work Verification Form**

**Work Verification Form**

To request recertification, please complete and submit this form to ISP.

Section A should be completed by the person requesting recertification.

Section B should be completed by the person validating work verification.

(i.e., Supervisor, Manager, or Human Resources Representative).

Information on how to submit form and payment is located in Section C.

**\*\*All fields must be completed for Recertification request to be processed\*\***

**Section A**

Date of this submission: \_\_\_/\_\_\_/\_\_\_\_\_\_

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_ Business Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List Certifications/Certificates to Recertify:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_/\_\_\_/\_\_\_\_\_

**Section B**

The following section to be completed by person providing work verification (Supervisor, Manager, or Human Resource Representative)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_ E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***By signing the box below, you are certifying that the above named person has worked at least 12 of the prior 36 months in the field in which they are requesting recertification.***

**Name-Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_\_\_**

**Section C**

**Completed forms should be submitted to (please attach any certifications or certificates):**

[**ISPcerts@gmail.com**](mailto:ISPcerts@gmail.com)

**Attention Recertification Unit**

Next, proceed to the recertification application online and make payment.

Any questions please contact ISP staff at (520) 252-6632

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The following section to be completed by ISP staff.**

**Date form received: \_\_\_/\_\_\_/\_\_\_\_\_\_ Form verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date record updated: \_\_\_/\_\_\_/\_\_\_\_\_ Record updated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**