INSTITUTE FOR CAMPUS SAFETY

Candidate Application

Certified Campus Safety Professional Program

Date: _____

Name: _____
First Last

Department/Agency: _____

Title/Position: _____

Address: _____

City: _____ State: _____

Zip Code: _____ Email: _____

Contact Phone: ( ) _____ Fax: ( ) _____

Essay: Please describe in 250 words or less (use a second sheet if necessary) why you are seeking this certificate and what value it will have for your professional life.

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Please send this completed form and your enrollment fee to the ICS office.

APPLICATIN PROCESS

To begin the certification process, please submit a completed application, along with the $25.00 enrollment fee to the ICS office.

Upon acceptance into the program, you will be asked show how you have met each training requirement, either through attendance at a ICS training seminar or through equivalent training.

Institute for Campus Safety
P.O. Box 251
Blue Jay, California 92317

Phone (909) 336-1630
Fax (909) 337-0158
www.campussafety.net

OFFICIAL USE

ID Number: _____

Fees Paid: ☐ Yes ☐ No