



INSTITUTE FOR CAMPUS SAFETY

# Professional Experience Application

## Certified Campus Safety Professional Program

### PROFESSIONAL EXPERIENCE- EARN CREDIT FOR WORK EXPERIENCE

One hour of coursework can be granted for 6 months full time experience in a campus safety environment as a campus safety officer or supervisor of campus safety personnel. A maximum 8 hours credit will be granted. Four years of qualified experience will equal 8 hours of course work.

### REQUIRED DOCUMENTATION

Applicants must supply documentation from his/her supervisor verifying experience.

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

### Institute for Campus Safety

P.O. Box 251  
Blue Jay, California 92317

Phone (909) 336-1630  
Fax (909) 337-0158

[www.campussafety.net](http://www.campussafety.net)

Date: \_\_\_\_\_

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

Department/Agency: \_\_\_\_\_

Title/Position: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Contact Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

### Qualifying Experience

Date of Employment: \_\_\_\_\_  
From To Total: \_\_\_\_\_  
Years Months

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_  
Street Address City State Zip

Supervisor: \_\_\_\_\_  
Name Title Phone Number

Description of your duties for this employer (attach additional pages if necessary):

Additional Pages Attached

### OFFICIAL USE

ID Number: \_\_\_\_\_

Fees Paid:  Yes  No

Signature: \_\_\_\_\_  
Signature Printed Name Date