



CPP Recertification Applicant Registration Form

Date: _____ Full Legal Name: _____ Former CPP Number: _____

Previous/Maiden/Other Name: _____

Preferred Name for Communicating: _____

Mailing Address: _____ City: _____

State: Washington Other State (Please specify) _____ Zip Code: _____

Phone: _____ Cell Home Office Phone: _____

Preferred Email Address: _____ Birthdate: _____

To apply for recertification through the PSCBW, it is required that you live and/or work at least 51% of the time in Washington State. Do you meet this requirement? Yes No

If "Yes", please enclose proof of current residency or employment, such as a copy of your WA State Driver's License, a utility bill, a paycheck stub or an employee picture identification.

Type of proof enclosed:

Current Employer: _____

Office Address: _____

Position/Title: _____

How do you wish to be contacted regarding your application? Phone Text Email

CPP Recertification Fee Online Payment Receipt Number: _____

Criminal History Background Check Source:

Washington State Patrol Local Police Dept/Sheriff's Office Other _____

Applicant's Statement of Application for Credentialing

I hereby apply for recertification in Washington State as a Certified Prevention Professional (CPP). I understand that the application fee is non-refundable. Furthermore, I attest that the information I have given in this application and all supporting documentation is correct and true. I give the Prevention Specialist Certification Board of Washington my permission to verify any statements or supplementary documentation given in any part of this application:

Applicant Signature

Date