

OIP CREDENTIALING APPLICATION

INSTRUCTIONS

Each application must meet the following requirements before it will be processed:

1. **APPLICATION COMPLETENESS** -- Application must be filled out completely and signed by the applicant.
2. **PHOTO** -- APPLICANT'S PHOTO MUST BE INCLUDED as verification.
3. **FEES** -- All application fees must be included.
4. **REGISTRATION(s) REQUESTED**

Infrastructure Preparedness Management/Coordination programs

- Registered Incident Preparedness Associate (**RIPA**) - \$100
- Certified Infrastructure Preparedness Specialist (**CIPS**) - \$895 Workshop fee, Exam Required.
- Certified Incident Management Train-the Trainer (**CIMT**) - \$895 Workshop fee, Exam Required.
- Certified Emergency and Security Professional (**CESP**) - \$895 Workshop fee, Exam Required.
- Certified Safety, Environmental, and Emergency Management Specialist (**CSEM**) - \$895 Workshop fee, Exam Required.

SELECT DISCIPLINE SPECIFIC SKILLS, KNOWLEDGE AND ABILITIES – APPLICATION AND ANNUAL RENEWAL FEE

- | | |
|--|---|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Information Systems | <input type="checkbox"/> Cargo Security |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Threat Management |
| <input type="checkbox"/> Risk Assessment | <input type="checkbox"/> Environmental Management |
| <input type="checkbox"/> Community Planning | <input type="checkbox"/> Finance/Administration |
| <input type="checkbox"/> Restoration and Remediation | <input type="checkbox"/> Logistics Management |
| <input type="checkbox"/> Emergency Response | <input type="checkbox"/> Public Safety |
| <input type="checkbox"/> Science/Technical Support | <input type="checkbox"/> Resource Management |
| <input type="checkbox"/> Public Information | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> First Responder | <input type="checkbox"/> other: _____ |

The sworn resume that you submit must clearly provide evidence that you are qualified by education, training and work experience to be registered for any of the above categories selected.

5. GENERAL INFORMATION (Print or type clearly)

Dr./Mr./Ms/Military Rank. _____
Name: (Last name, first name, middle) _____
Position Title: _____
Employer: _____
Level of Security Clearance _____
Preferred Mailing Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email: _____

PAYMENT METHOD

CHECK # _____ AMOUNT: _____
CREDIT CARD: AMEX MC VISA # _____
EXPIRATION DATE: _____ CREDITCARD HOLDER SIGNATURE: _____

COMPLETE and PROVIDE INFORMATION and SIGN on REVERSE SIDE OF THIS FORM

and Mail this application and payment to: **OIP, P.O. Box 2099, Glenview, IL 60025-6099**

FOR USE BY APPOINTING OFFICER ONLY:

Date Received: _____	Payment: _____
Degrees/Major: _____	Workshop: _____
Years Experience: _____	References Included: _____
Certifications: _____	File Complete: _____

