

Initial CPP Application Registration Form

Date:	Full Legal Name:		Birthda	ate (m/d):
Previous/I	Maiden/Other Name:			
Preferred	Name for Communicating:			
Mailing Ad	dress:	City:	State:	Zip Code:
Other stat	e (Please specify): Phone: _	Cell	☐ Home ☐ Office F	Phone:
Email:				
	or Initial CPP Certification through on State. Do you meet this require		it you live and/or work	at least 51% of the time in
	ease enclose proof of current resical paycheck stub or an employee p		s a copy of your WA S	State Driver's License, a
Current E	mployer:			
Office Add	lress:			
Position/T	itle:			
How do yo	ou wish to be contacted:	ne 🗌 Text 🗌 Email	☐ Mail	
<u>Applica</u>	nt's Statement of Understanding	g for CPP Credentialing:		
	apply for certification in Washingt on fee in non-refundable.	on State as a Certified Prever	ntion Professional (CP	PP). I understand that the
Speciali professi	ead and understand the Code of E st Certification Board of Washingto onal and personal transactions wit ation of this Code of Ethical Condu	on. I subscribe to and commit hin the community at large in	myself to honor this C the practice of substa	Code in all my Ince misuse prevention.
and/or ir with my	e Prevention Specialist Certification formation relating to this application employer(s), academic and training ion. This constitutes my waiver of ion.	on. I understand this includes g institutions, and/or other pe	, but not limited to, ve rsons or organizations	rbal or written contacts having pertinent
understa	certify that the information given hand that intentionally false or misle for certification.			
Applican	t's Signature		 Date	