

**RE-CERTIFICATION CREDIT REPORT FORM**  
**(Effective January 1, 2011)**

**CERTIFICATE TYPE:**  
 (Please, circle one)

**SSC** Security  
 Supervisor  
 Certification

**CSS** Certified  
 Security  
 Specialist

Name \_\_\_\_\_ Employer \_\_\_\_\_  
 NIIS# \_\_\_\_\_ CSS# \_\_\_\_\_ Term Expiration Date \_\_\_\_\_

This form should be completed anytime during your term, and returned to the Certification officer for review and evaluation of credits. The re-certification expiration date for CSS or SSC is December 31<sup>st</sup> of the 2<sup>nd</sup> year of the term.

In order for us to process your re-certification form more efficiently and avoid delays, follow these steps:

- All documentation should be submitted in the same order as the activities are listed.
- Certificate/letter of completion and agenda that includes the hours of classroom time are required
- Sign in the space provided and send to: NIIS, Certification Department, 7 Shiro Street, Fadeyi, Yaba Lagos.

**1. MEMBERSHIP**

(Professional Security Association)

Name of Association	Years
Location	

**CREDIT**  
 Claimed / Approved

\_\_\_\_\_ / \_\_\_\_\_

(Non-Profit Business-Related Association)

Name of Association	Years
Location	

\_\_\_\_\_ / \_\_\_\_\_

**2. EDUCATIONAL PROGRAMS** (Including ,Seminars/Conferences, Exhibits, Correspondence University Courses) Documentation is required

2-1 Sponsor		
Program Title or Description		
Location	Dates	Hours
2-2 Sponsor		
Program Title or Description		
Location	Dates	Hours
2-3 Sponsor		
Program Title or Description		
Location	Dates	Hours
2-4 Sponsor		
Program Title or Description		
Location	Dates	Hours

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_ / \_\_\_\_\_

**3. INSTRUCTOR**

Document must show certificant's completion of the activity (e.g., Letter/Certificate of appreciation or other acknowledgement of service)

**CREDIT**

Claimed / Approved

3-1 Type of Participation	Sponsor	
Program Title or Description		
Location	Dates	
3-2 Sponsor Participation	Sponsor	
Program Title or Description		
Location	Dates	
3-3 Type of Participation	Sponsor	
Program Title or Description		
Location	Dates	
3-4 Type of Participation	Sponsor	
Program Title or Description		
Location	Dates	

\_\_\_\_/\_\_\_\_  
 \_\_\_\_/\_\_\_\_  
 \_\_\_\_/\_\_\_\_  
 \_\_\_\_/\_\_\_\_

**4. AUTHOR**

Documentation is required (e.g, copy of article with publication date acceptance, letter from publisher, etc)

4-1 Type of Contribution	
Publication in Which It appeared	Dates
4-2 Title of Contribution	
Publication in Which It appeared	Dates

\_\_\_\_/\_\_\_\_  
 \_\_\_\_/\_\_\_\_

Have you been convicted of a criminal offense in the past  years  No Yes (explain)


Mailing Address Update  
 Circle ONE: Business or Home

<b>Address:</b>
<b>Phone:</b>
<b>Fax:</b>
<b>E-mail</b>

1 certify that all statements, made in this report are accurate to the best of my knowledge and belief
_____
<b>Signature &amp; Date</b>

<b>FOR STAFF USE ONLY</b>
Total APPROVED Points This Report_____
Total APPROVED Points To Date_____
_____
<b>Signature</b>
_____
<b>Date</b>
_____

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Submit by mail, or e-mail to:  
 Nigerian Institute for Industrial Security, Certification Officer, 7 Shiro Street, Fadeyi Yaba, Lagos, Sonedo2000@yahoo.com