



**NIGERIAN INSTITUTE  
FOR INDUSTRIAL SECURITY  
CERTIFIED SECURITY SPECIALIST RECERTIFICATION**

**Re-CERTIFICATION REQUIREMENTS  
TERM: THREE YEARS PERIOD FROM DATE OF INITIAL  
CERTIFICATION  
RECERTIFICATION FEE: N10,000**

**CSS : Certified Security Specialist must acquire 30 credits to re-certify.**

**SSC : Security Supervisor Certification must acquire 20 credits to re-certify.**

**GUIDELINES**

Program flier, certificates, letters, evidence of membership and other appropriate documentation must accompany each submission.

**RECERTIFICATION APPLICATION FORM**

This application for re-certification must be signed and submitted with the appropriate re-certification fee before it can be processed. All candidates applying for recertification must include information about the last three years preceding this application.

1. Full Name

\_\_\_\_\_

2. Title: \_\_\_\_\_

3. Organization:

\_\_\_\_\_

4. Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State \_\_\_\_\_  
Country: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

5. Method of Payments \_\_\_\_\_ N10,000.00 (First Re-Certification fee)

Payment to be made in the name of Nigerian Institute For Industrial Security and paid into the Sterling Bank account number **0025957708**

# 1. PROFESSIONAL ACCOMPLISHMENTS

Degrees earned from accredited institutions 10 CPEs  
Academic Certificates earned from accredited institutions 5 CPEs  
Professional Certifications 5 CPEs

1. Accomplishment Description: \_\_\_\_\_  
Institution/Facility: \_\_\_\_\_  
Date: \_\_\_\_\_ Durations: \_\_\_\_\_  
Total number of contact hours: \_\_\_\_\_ Credits: \_\_\_\_\_

2. Accomplishment Description: \_\_\_\_\_  
Institution/Facility: \_\_\_\_\_  
Date: \_\_\_\_\_ Durations: \_\_\_\_\_  
Total number of contact hours: \_\_\_\_\_ Credits: \_\_\_\_\_

3. Accomplishment Description: \_\_\_\_\_  
Institution/Facility: \_\_\_\_\_  
Date: \_\_\_\_\_ Durations: \_\_\_\_\_  
Total number of contact hours: \_\_\_\_\_ Credits: \_\_\_\_\_

4. Accomplishment Description: \_\_\_\_\_  
Institution/Facility: \_\_\_\_\_  
Date: \_\_\_\_\_ Durations: \_\_\_\_\_  
Total number of contact hours: \_\_\_\_\_ Credits: \_\_\_\_\_

5. Accomplishment Description: \_\_\_\_\_  
Institution/Facility: \_\_\_\_\_  
Date: \_\_\_\_\_ Durations: \_\_\_\_\_  
Total number of contact hours: \_\_\_\_\_ Credits: \_\_\_\_\_

**Total Credits:** \_\_\_\_\_

## Grand Totals of Credits from Previous Pages:

**Area I. Professional Education** Total Credits: \_\_\_\_\_  
**Area II. Professional Associations/Memberships** Total Credits: \_\_\_\_\_  
**Area III. Professional Contributions** Total Credits: \_\_\_\_\_  
**Area IV. Professional Accomplishments/Milestones** Total Credits: \_\_\_\_\_

**Grand Total Credits:** \_\_\_\_\_

## 2. PROFESSIONAL CONTRIBUTIONS

Research published or completed (provide a copy) 5 CPEs  
Published Works:

Books 10 CPEs  
Articles, reviews, monographs, etc. 5 CPEs  
Teaching a session at a security seminar, as a guest speaker. 5 CPEs

1. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

2. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

3. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

4. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

5. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

6. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

7. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

8. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_

Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

9. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

10. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

**TOTAL CREDITS: \_\_\_\_\_**

**3. PROFESSIONAL ASSOCIATIONS AND MEMBERSHIPS**

Membership of NIIS	2 CPEs per year
Leadership position in NIIS	3 CPEs per year
Committee Membership in NIIS	2 CPEs per year
Membership of other recognized Security associations	2 CPEs per year

<b>Organization</b>	<b>Nature of Service</b> (Membership/Committee/Leadership)	<b>Dates</b>	<b>Credits</b>
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
<b>TOTAL CREDITS:</b>			_____

**4. PROFESSIONAL EDUCATION**

Less than Four Hours	1 CPE
NIIS Annual Conference	15 CPEs
CSS completion	10 CPEs

1. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

2. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

3. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

4. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_

Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_  
5. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

6. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

7. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

8. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

9. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

10. Title of Session: \_\_\_\_\_  
Presenter: \_\_\_\_\_  
Activity Organizer: \_\_\_\_\_  
Dates: \_\_\_\_\_ Total # of Hours \_\_\_\_\_ Credits: \_\_\_\_\_

**TOTAL CREDITS:** \_\_\_\_\_

**Accountability Standards**

As an applicant for re-certification, I submit that I subscribe to and comply with the following standards:

1. I will not transmit information regarding examination questions in any form at any time.
2. I will comply with all professional and ethical standards adopted by NIIS in which I hold membership.
3. I will use my certification designations only in manner permitted by NIIS.
4. All information on my application for recertification is accurate, truthful and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**NIGERIAN INSTITUTE FOR INDUSTRIAL SECURITY  
4A SAWYER CRESCENT, ANTHONY, LAGOS STATE  
Website: [www.niisng.com](http://www.niisng.com) email: [info@niisng.com](mailto:info@niisng.com)  
Tel: 08033018765, 08095327151**