

**RECERTIFICATION**

**APPLICATION INSTRUCTIONS**

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|  **Complete this check list and application to  ensure accurate processing of your application:** |
| [ ]  Update your personal profile information. |
| [ ]  Complete payment information (or enclose check or request call back) |
| [ ]  Ensure that the correct Certification program is selected (CNP or ACNP) |
| [ ]  Attach documentation confirming at least 100 education credits achieved in the last year |
| [ ]  Attach documentation confirming at least 1000 hours of IS professional level activities. |
| [ ]  Attach documentation for any new or updated certifications (as applicable) |
| [ ]  Attach documentation showing education in professional ethics or journal paper |
| [ ]  Sign Code of Ethics |
| [ ]  Sign application |
| [ ]  Send completed application and all support documentation to address listed below |

**INSTRUCTIONS: Complete each item on the application, attach all documents, attach application fee payment, and mail to:**

Network Professional Association

CNP Program

Address: 1401 Hermes Lane

San Diego, CA 92154 United States

Phone: 888-NPA-NPA0

Email: cnp@npa.org

For Office Use Only

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**APPLICATION**

**INSTRUCTIONS: Complete each item on the application, attach all documents, attach application fee payment, and mail to: NPA, CNP Program,
1401 Hermes Ln. San Diego, CA 92154. You may contact the CNP program at 1-888-NPA-NPA0 for updates and the status of your application.**

**SECTION I. APPLICANT PROFILE INFORMATION**

First Name       Last Name

NPA ID #:       (NPA Professional or Executive Membership is required for CNP holders)

Web site or blog:

ID type       Issuing Authority:      ID #:      (ex: drivers license, military ID, passport)

Date of Birth (MM/YYYY):

Employer/Company Name

Title

Work Address

City       State/Province       Zip/Postal

Country

Work Phone       Work Fax

Email Address       Web Site

**SECTION II. Program Selection**

## [ ]  ACNP continuation

The Associate Certified Network Professional is for those individuals that are working toward a CNP.

You must:

1. Be a member of the NPA in good standing at the time of application
2. Provide evidence of progress towards CNP (Section IV – VIII)
3. Agree to Code of Ethics (Section VIII)
4. Submit application and pay fees

## [ ]  CNP Recertification

The Certified Network Professional for those individuals with demonstrated mastery of a body of IT and networking knowledge and the demonstrated ability to apply that knowledge in a professional setting.

You must:

1. Be a member of the NPA in good standing at the time of application
2. Provide evidence of Ongoing professional development (Section IV – VIII)
3. Submit application and pay fees

**SECTION II. Payment**

**Payment Information** (Payment must accompany application⎯US dollars only)

**Select Fee you are to Pay**\*: (Current, continuing NPA membership is a requirement of the CNP)

[ ]  CNP Recertification plus NPA member renewal: $200 plus $125 = $325 total NPA Member #      \_\_\_\_\_\_

[ ]  ACNP Continuation plus NPA member renewal: $100 plus $125 = $225 total NPA Member #      \_\_\_\_\_\_

**Method of Payment** \*CNP APPLICATION FEE POLICY: CNP application fees are non-refundable.

[ ]  Credit Card Payment over Phone (888 672-6720)

 Date paid: \_\_\_\_\_\_\_\_\_\_\_ Last 4 digits of credit card: \_\_\_\_\_\_\_\_\_\_\_

[ ]  Credit Card on-line at <http://www.npa.org/CNP>

[ ]  Payment by mail/email

 [ ]  MasterCard [ ]  Visa [ ]  American Express [ ]  Check /Money Order (Payable to CNP)

 Card #      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Expiration Date      \_\_\_\_\_\_\_\_\_\_\_\_\_\_ CVV      \_\_\_\_\_\_\_\_\_\_

 Name on Card      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Billing Street      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code      \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Day Phone      \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Card holders Signature      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SECTION IV. Education Credits**

List 100 qualifying continuing education credits earned in the last year. Credits can only be awarded for professional level work as determined by CNP Guidelines.

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| **Continuing Education** | **Hours** | **Credit value** |
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**SECTION V. IT Professional Level Activities**

List 1000 hours of IT professional level activities performed in the last year. Hours can only be awarded for professional level activities as determined by CNP Guidelines. Examples are employment, consulting, publishing, teaching…

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| **Professional Activity** | **Hours** |
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**SECTION VI. Certifications Update**

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| **Vendor/Institution** | **Degree/Certification** | **# of required tests**  | **Date** |
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**SECTION VII. Ethics Validation**

Provide evidence of education in professional ethics for the Certified Network Professional. The IT Professional has the option of taking an approved education classes in Professional Ethics as Related to IT or submitting a journal paper or article addressing an ethics topic (12000 words minimum).

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| **Educator** | **Class ID** | **Class title**  | **Date taken** |
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| **OR Journal Paper / Article title** | **Attached to Submission** |
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**SECTION VII. Professional Work Experience Documentation**

Please indicate your qualified work experience and equivalent work experience by completing the information below. Please indicate the number of years and months of experience of each employer or client site in the box provided, and tally them to complete line one of the Work Experience Worksheet. **As part of work experience verification, you will need to contact your employer(s), and have them email, mail, fax, or call the CNP Program to verify work experience.** Please note: a minimum 3 years or 36 months of experience is required for CNP candidates. Work experience references from employer(s) are randomly verified.

**Current Employer/Client**       **Years** **Months**

Division/Entity

Position  Phone

Supervisor/Contact Name

Address

City  State/Provence  Zip/Postal

Country

Description of Network Experience:

**SECTION VIII. Professional References**

Provide two professional references who can substantiate this recent year of your professionalism and ethical conduct. (Employment verification is in Section XI)

**Reference Name**

Relationship **Years    Months**

Company  Title

Phone

Address

City  State/Provence  Zip/Postal

Country

Comment:

**Reference Name**

Relationship **Years    Months**

Company  Title

Phone

Address

City  State/Provence  Zip/Postal

Country

Comment:

**SECTION IX. Certified Network Professional Code of Ethics**

This Code of Ethics sets forth the principles and practices of professional conduct to be observed by holders of the Certified Network Professional credential conferred by the Network Professional Association.

Certified Network Professionals have an obligation to their profession to uphold the high ideals and level of personal knowledge evidenced by the Certificate held. Professionals should also encourage the dissemination of knowledge pertaining to the network computing profession. Certified Network Professionals have an obligation to serve the interests of their employers and clients loyally, diligently and honestly. Certified Network Professionals shall not engage in conduct that discredits the reputation or integrity of the network computing profession in general or the CNP program specifically.

The essential elements relating to professional practice are:

* A high standard of skill and knowledge
* A confidential relationship with people served
* The observance of an ethical code
* Public confidence in and reliance upon the codes, principles, and practices

**Principles and Practices**

To sustain and advance the integrity, honor, and prestige of the profession, I shall:

Remain current about technological developments in one's field; contribute to the interchange of technical/professional information; and participate in educational activities, as a learner and, when feasible, a teacher.

Recognize and commit to the confidential relationships that exist between professionals and their employers and/or clients; protect from disclosure to third parties any information acquired during the practice of one's profession, unless granted permission from proprietors of that information.

Comply with laws, by-laws, and regulations governing the profession and the industry.

Provide accurate information to consumers, clients, and employers about the profession and services offered.

Promote appropriate standards of professional behavior.

Respect intellectual property rights, including copyrights, patents and trademarks.

Refrain from wittingly claiming competence I do not demonstrably possess; professionals shall not take unfair
advantage of the lack of knowledge or inexperience of others.

Not deliberately destroy or diminish the value or effectiveness of a network computing system through acts of commission or omission.

Exercise technical and professional competence in my areas of certification and its specialties. A CNP shall disclose to the employer or client any pertinent known limitations. A CNP shall not deliberately withhold vital information from the employer or client.

Act with strict impartiality when giving independent advice to a client or employer. In the event that the advice given is currently or potentially influential to one's personal benefit, full and detailed disclosure to all relevant interested parties shall be made at the time the advice is provided.

Not knowingly enter into a legal or contractual relationship with a party with whose interests conflict or are likely to conflict with mine⎯unless that interest has been disclosed in advance to all parties involved.

Have special regard for the potential effects of network computing systems on individuals’ rights to privacy.

Qualify myself when expressing an opinion outside my professional competence in the event that such an opinion could be used improperly.

Exercise integrity in association interactions. I shall not attempt to obtain certification by fraud or deception. I shall not misstate a material fact or fail to make a statement of material fact in an application or statement of representation of qualifications to the Certification Council.

**Discipline and Revocation**The CNP Advisory Board shall automatically revoke any Certificate for noncompliance with mandatory recertification processes. The CNP Advisory Board, on behalf of the Network Professional Association, has the right to revoke any Certificate which has been awarded by it in the event that the recipient violates the Codes, or engages in conduct that discredits or disgraces the network computing profession.

The CNP Advisory Board has created a set of policies and procedures for handling revocation. These procedures detail the grounds for revocation, the due process requirements of a revocation proceeding, the hearing process with ample opportunity for both sides to present facts and arguments and an appeal process.

**I have read and agree to abide by this code of ethics.**

Signature of CNP Candidate Date

(signature required for application to be considered)

**SECTION X. Certification of Application**

Certified Network Professional (CNP)

***Read carefully before signing***

I certify that all information provided in this application is true to the best of my knowledge. I understand that omissions or misrepresentations may be cause for rejection or, if I am granted certification, may be cause for subsequent dismissal. I hereby authorize any former employee, person, firm, or corporation listed herein to answer any questions and agree to hold all persons harmless for giving any and all truthful information within their knowledge or records. I also authorize the NPA to validate the information on this application through any commercial means available, including criminal, background and credit checks.

Signature of Candidate Date

(signature required for application to be considered)

Qualified candidates receive equal consideration. No question is asked for the purpose of excluding any candidate due to race, creed, color, national origin, religion, age, sex, and so on, as prohibited by law or regulation.