

CERTIFIED COUNTER TERRORISM PRACTITIONER



CCTP Application

TERMS & CONDITIONS OF CCTP APPLICATION

1. CCTP board reserves the right to cancel the course due to lack of attendance or any unforeseen circumstances. In this event a full refund will be made, should the participants opt to withdraw from the class.
2. CCTP board reserves the right to make any amendments in its program without any prior notice.
3. CCTP board hold no liability for any consequence of force majeure including but not limited to severe weather, acts of Government, strikes, transport delays, unavailability of personnel due to illness.
4. The program materials are the copyrights of CCTP board All Rights Reserved.
5. Only participants who have completed the full program will be issued with a certificate.

CANCELLATION

6. Cancellation must be made in writing (electronic forms accepted) and only take effect on the date of receipt.
7. Cancellation charges will be applied as follows:
8. 0% more than 20 working days before the training date.
9. 50% between 19 6 working days before the training date.
10. 100% less than 5 working days before the training date.

Name *

Name to Reflect on Certificate

First

Last

Title *

Indicate N/A if not applicable

ID number / passport number *

Age *

Must be at least 25 years of age

ASIS membership number *

Organization name *

Indicate N/A if not applicable

Telephone *

Include country code

E-mail *

Address

*Street Address **

Street Address Line 2

*City **

*Region **

*Postal / Zip Code **

*Country **

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EDUCATION MINIMUM REQUIREMENTS FOR EDUCATION OR BACKGROUND

Please select which applies to you.

A minimum of a university degree and at least 2 years experience in the security industry, law enforcement or the military

Relevant experience in the field of security, law enforcement or military with at least 5 years in executive or management role and/or responsibility if you do not have a relevant degree.

EDUCATION

<i>College / University name*</i>	<i>City / Country*</i>	<i>Graduation date* (mm/dd/yyyy)</i>	<i>Program of study or Major*</i>	<i>Degree achieved*</i>
<i>College / University name*</i>	<i>City / Country*</i>	<i>Graduation date* (mm/dd/yyyy)</i>	<i>Program of study or Major*</i>	<i>Degree achieved*</i>
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<i>College / University name</i>	<i>City / Country</i>	<i>Graduation date (mm/dd/yyyy)</i>	<i>Program of study or Major</i>	<i>Degree achieved</i>

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SUMMARY OF PROFESSIONAL EXPERIENCE (MINIMUM OF 2 REQUIRED)

Title *	Employer *	Years of experience *
Title *	Employer *	Years of experience *
Title	Employer	Years of experience
Title	Employer	Years of experience

PROFESSIONAL REFERENCES (MINIMUM OF 2 REQUIRED)

References should have personal knowledge of and be able to validate your security experience, character and good standing

Name *	Company *	Title *
Relationship *	Telephone *	E-mail *
	<input data-bbox="560 1335 719 1391" type="text" value="+"/>	

Name *	Company *	Title *
Relationship *	Telephone *	E-mail *
	<input data-bbox="560 1576 719 1632" type="text" value="+"/>	

Name	Company	Title
Relationship	Telephone	E-mail
	<input data-bbox="560 1805 719 1861" type="text" value="+"/>	

Name	Company	Title
Relationship	Telephone	E-mail
	<input data-bbox="560 2029 719 2085" type="text" value="+"/>	

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DISCLOSURES AND AGREEMENTS

1. Have you ever been convicted of a felony? *

No Yes If yes, explain

2. Have you ever been convicted of a misdemeanor? *

No Yes If yes, explain

3. Have you ever had a professional registration, license or certification denied, suspended or revoked? *

No Yes If yes, explain

4. Do you have any disciplinary actions taken against you in your work experience? *

No Yes If yes, explain

5. I hereby certify that the information contained in this application is true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any misrepresentation, falsification or omission of information on this application or on any document used shall be grounds for rejection of this application. I also understand that I must adhere to CCTP certification code of conduct. Due to the sensitivity of the CCTP program and the information that will be shared I hereby authorize CCTP board to thoroughly investigate the information on my application, my references, work record and education. I am typing my full name below to agree that I have read and agree with the terms of this submission *

Yes, I agree to the above statements

Full Name

Date

First Last MM DD YYYY

6. Applicant Understands That Attendance is Required for All 14 of the Instruction Modules to Recieve Certification *

Yes, I Acknowledge Understanding

7. At the end of the training, the participant will be required to take an examination which will test their understanding of the course work. A minimum of 70% passing grade must be achieved in order to qualify for the Certified Counter Terrorism Practitioner certification. *

Yes, I Acknowledge Understanding

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Dear Candidate,

Many thanks for submitting your application we are now processing your application and will contact you shortly.

A \$50 nonrefundable application fee must accompany the completed application. No application will be processed without payment of this fee, if your application is successful it will be waived from total program fee. please proceed and make payment to complete the application

If you have any questions during the process dont hesitate to email us at contact@cctpworld.com

**Kind regards,
CCTP Board**

PRINT

SAVE AS

* PLEASE SUBMIT THIS DOCUMENT TO
CONTACT@CCTPWORLD.COM

CONTACTS

URL

WWW.CCTPWORLD.COM

E

CONTACT@CCTPWORLD.COM

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