

Application for CSI Certification Special Reinstatement

Special Reinstatement
Application Period
Ends: **October 22,**
2018

Individuals that held **Certified Construction Specifier (CCS), Certified Construction Contract Administrator (CCCA), or Certified Construction Product Representative (CCPR) Certifications** which lapsed **on or after June 30, 2014** may request a one-time reinstatement of their expired credentials. To request Special Reinstatement the application must **submit the following to CSI no later than October 22, 2018:**

1. Completed Special Reinstatement Application Form.
2. Completed Continuing Education Reporting Form.
3. Payment of \$195 Reinstatement Fee.

Applicants for Special Reinstatement also have the option of reinstatement by re-examination.

Professional Development Hours

Applicants for Special Reinstatement are required to document a minimum of 24.0 Professional Development Hours (PDHs) completed within three years of the date of application for Special Reinstatement. Continuing education for renewal is calculated in Professional Development Hours (PDHs) where 1 hour of continuing education equals 1 PDH. PDHs may be acquired from attending seminars, lectures, presentations, educational field trips, serving on a CSI committee or on a task team, and for completing college coursework.

- 50% of the topics must be related to the professional practice of the certification being renewed.
- Up to 50% may accrue from serving on a CSI standing or ad hoc committee or on a CSI task team.
- Attending educational seminars and certification study courses by CSI Chapters and Regions.
- 100% must be related to the construction industry or the construction process. Some other examples are listed below:

Professional or Industry Activities	Construction Industry-Related Activities
<ul style="list-style-type: none"> • State/professional license requirements • Attending and/or instructing seminars • Article publication <i>(1 hour = 1.0 PDH per article)</i> 	<ul style="list-style-type: none"> • Technical tours • Industry publication quizzes • Professional technical meetings

Applicants for Reinstatement are to maintain their own PDH records. Documentation may include: PDH certificates, AIA transcripts, CSI education events reports, copies of publications, or any other documentation that will substantiate your activity. CSI reserves the right to audit your Application for Special Reinstatement by asking you to provide additional documentation of your professional development activity.

Activities which do not qualify for PDHs include any activities that are a normal part of your vocational job description and are normally and routinely performed in the course of your employment duties.

Applicants wishing to renew multiple lapsed certifications must submit one application per certification.



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SECTION 1: Continuing Education

Please initial the appropriate box.

Attestation — I have continued my professional development. I have, in addition to my normal employment duties, participated in a minimum of 24.0 Professional Development Hours. (See Continuing Education Reporting Form)

SECTION 2: DECLARATION

I declare that all information given in connection with this application is true to the best of my knowledge and belief. I understand that CSI may conduct random audits of my continuing education activities, and I authorize CSI to access any records necessary to perform such audits. I also understand that false or erroneous information furnished by me may be grounds for disqualification or subsequent revocation of my Certification. By signing, I agree to all CSI terms and policies.

Signature of Applicant

Date of Application

SECTION 3: PAYMENT

Please choose an option by checking the appropriate box.

- Make check or money order payable to CSI and mail with this form to:

CSI Certification
P.O. Box 81
Annapolis Junction, MD 20701

- Complete credit card information and fax to CSI at 703-236-4600

Select one: VISA MasterCard American Express

Card Number: _____

Expiration Date: _____

Signature: _____

Date: _____

SECTION 4: CERTIFICATION INFORMATION

Mr/Mrs/Ms	First Name	MI	Last Name	CSI Member or Account #
Certification	<input type="radio"/> Certified Construction Specifier (CCS) <input type="radio"/> Certified Construction Contract Administrator (CCCA) <input type="radio"/> Certified Construction Product Representative (CCPR)			
Firm				
Address				
City		State		Zip
Phone		Fax		E-mail



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