



international association of privacy professionals

CIPP CONTINUING PRIVACY EDUCATION CREDIT APPLICATION FORM

Name: _____ Title: _____

Address: _____

(city) _____ (state) _____ (zip) _____

Email Address: _____

IAPP member number: _____

Attended the following professional educational activity:

IAPP Event Non-IAPP Event

(Title or Name of Program or Course) _____

On the following date(s): _____

Sponsor: _____
(Name of Sponsoring Organization, Company or School)

Location: _____

Description: _____

Please attach supporting documents with your application as required under the IAPP continuing education guidelines. This may include conference agenda, speaker profile and/or copies of book face cover and table of contents.

Number of CIPP Credits Requested: _____

Approved Not Approved

Authorized by: _____
IAPP representative _____ Date _____