

The International Society of

# Community Engagement Professionals

This application is your first step toward obtaining the Community Engagement Professional (CEP) credential. Please read and complete each section fully and accurately in clear, legible handwriting or type. You may submit the application anytime during the year. However, all qualifying experience and education must be completed at the time the application is submitted.

**Please initial each page and mail your completed application with payment to:**

ISCEP  
6006 N. Mesa, Suite 502  
El Paso, TX 79912

**Receipt of your application will be acknowledged within two weeks.**

There is no membership requirement to apply for the CEP program, and both ISCEP members and nonmembers will be evaluated equally on the application. The CEP Program does not discriminate on any basis including race, gender, age, religion, national origin, sexual orientation or disability. Additional information on program requirements, policies, and procedures is available from [www.ISCEP.ORG](http://www.ISCEP.ORG). For further assistance call 915.833.1234 or email [info@iscep.org](mailto:info@iscep.org).

## **APPLICATION CHECKLIST**

Please be sure to complete all 8 sections of this application.

- Section 1: Applicant Information** I have completed all applicant information and noted where I would like CEP mailed correspondence sent.
- Section 2: Payment** I have included payment information with this application.
- Section 3: ISCEP Member Code of Ethics and Pledge** I pledge to adhere to the ISCEP code of ethics and have signed the written pledge to fulfill program requirements.
- Section 4: Higher Academic Education** I have a bachelor's degree or equivalent from an accredited institution of higher learning.
- Section 5: Community Engagement Employment Experience** I am currently (or have been within the past 12 months) employed by a qualifying organization and have completed the required years of qualifying professional experience given my current position to fulfill program requirements.
- Section 6: Professional Development Activities**  
These can include workshops/seminars concerning community engagement or other topics specific to the operation of your qualifying organization.
- Section 7: Community Engagement Projects**  
I have been involved with Community Engagement projects or programs in a leadership role within the past five years. (Projects can include but are not limited to: community-wide efforts such as Keep America Beautiful, festivals such as First Night, engagement activities such as Neighborhood Night Out, public information programs such as bond or other referendum campaigns, community-wide promotional or fund raising campaigns such as Race For The Cure. If you have questions as to eligible activities, contact ISCEP at [info@iscep.org](mailto:info@iscep.org).)
- Section 8: References**  
There are individuals (not related to applicant) who are aware of and will attest to my involvement in Community Engagement.

**Please initial each page before submitting completed application.**

# ISCEP APPLICATION

## SECTION 1

### Applicant Information

(Check which address you would like to be used for mailed correspondence)

Applicant Name \_\_\_\_\_

Title of Present Position \_\_\_\_\_

Organization \_\_\_\_\_

**BUSINESS ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Business Telephone \_\_\_\_\_

EMAIL \_\_\_\_\_

**HOME ADDRESS**

Street \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_

## SECTION 2

### Payment

**All fees must accompany the application.** The application fee is \$395 for members and \$695 for nonmembers. The application fee includes a \$45 non-refundable processing fee. Application fees, less the non-refundable processing fee will be refunded only if your application does not meet the eligibility requirements for CEP candidacy.

ISCEP \$395

**OR**

Nonmember \$695

Payment type:  Check – payable to ISCEP

MasterCard  Visa

Discover  AMEX

TOTAL PAYMENT INCLUDED \$ \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Credit Card Account \_\_\_\_\_

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

Billing Address \_\_\_\_\_

Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Initial \_\_\_\_\_

Please send me a receipt

## **SECTION 3**

### **ISCEP MEMBER CODE OF ETHICS**

Ethical practice is the hallmark of those involved in the Community Engagement movement. As Community Engagement professionals, we recognize that we serve our communities, our organizations and the public interest. In so doing, we will strive to exemplify the honesty, loyalty and fairness that we expect of others and that is expected of us. We will acquire and wisely use the specialized knowledge that will ensure the success of our efforts. We will promote the public interest and Community Engagement while building understanding, credibility, and relationships among stakeholders and institutions in the communities we serve.

#### **ISCEP MEMBER CODE OF ETHICS PLEDGE**

I pledge:

To conduct myself professionally and to serve the public interest; To act with truth, fairness, and responsibility in all that I do; To continuously work to improve my individual competence and knowledge through continuing education; And, to adhere to the Code of Ethics of the International Society of Community Engagement Professionals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## SECTION 4 HIGHER ACADEMIC EDUCATION

Highest Degree Earned: \_\_\_\_\_  
 Institution: \_\_\_\_\_  
 City / State: \_\_\_\_\_  
 Year Degree Received: \_\_\_\_\_

## SECTION 5 COMMUNITY ENGAGEMENT EMPLOYMENT EXPERIENCE

Experience is defined as being employed at a qualifying organization (e.g., community oriented public, private or non profit organization) for which you have been compensated as an employee or service as an elected official. *Volunteer and unpaid service is not eligible for this requirement.*

You must currently, or within the last 12 months have been employed by a qualifying organization. If you are not currently employed by a qualifying organization you must submit an expressed intent to return to such employment as an addendum to this application.

CURRENT EMPLOYMENT OR ELECTED OFFICE	DATES OF EMPLOYMENT	NUMBER OF POINTS
Position: _____ Association: _____ Organization type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non Profit	_____	_____

PREVIOUS EMPLOYMENT OR ELECTED OFFICE	DATES OF EMPLOYMENT	NUMBER OF POINTS
Position: _____ Association: _____ Organization type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non Profit	_____	_____

Position: _____ Association: _____ Organization type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non Profit	_____	_____
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Position: _____ Association: _____ Organization type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non Profit	_____	_____
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Position: _____ Association: _____ Organization type: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Non Profit	_____	_____
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TOTAL POINTS \_\_\_\_\_

Please attach additional sheets as necessary to document your fulfillment of this requirement

Initial \_\_\_\_\_

## SECTION 6 PROFESSIONAL DEVELOPMENT ACTIVITIES

Please indicate the total number of hours you have submitted for credit, and provide a detailed listing for each program. You may reproduce this page, or attach a similarly organized report detailing the required information. There is no requirement to attach documentation or proof of attendance at education events or background information. However, ISCEP reserves the right to request and audit documentation confirming the information reflected on your application.

PROFESSIONAL DEVELOPMENT ACTIVITIES	DATES OF ACTIVITY	NUMBER OF POINTS
Title of Program: _____ Sponsoring Organization: _____ Description: _____	_____ _____ _____	_____ _____ _____
Title of Program: _____ Sponsoring Organization: _____ Description: _____	_____ _____ _____	_____ _____ _____
Title of Program: _____ Sponsoring Organization: _____ Description: _____	_____ _____ _____	_____ _____ _____
Title of Program: _____ Sponsoring Organization: _____ Description: _____	_____ _____ _____	_____ _____ _____
		TOTAL POINTS _____

Please attach additional sheets as necessary to document your fulfillment of this requirement

**PUBLICATIONS AND/OR PRESENTATIONS**

**DATES OF ACTIVITY**

**NUMBER  
OF  
POINTS**

Title of Program: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Description:

Title of Program: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Description:

Title of Program: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Description:

Title of Program: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Description:

Title of Program: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Description:

TOTAL POINTS \_\_\_\_\_

Initial \_\_\_\_\_

## SECTION 7 COMMUNITY ENGAGEMENT PROJECTS

I have been involved with Community Engagement projects or programs in a leadership role within the past five years. (Projects can include but are not limited to: community-wide efforts such as Keep America Beautiful, festivals such as First Night, engagement activities such as Neighborhood Night Out, public information programs such as bond or other referendum campaigns, community-wide promotional or fund raising campaigns such as Race For The Cure. If you have questions as to eligible activities, contact ISCEP at [info@iscep.org](mailto:info@iscep.org).)

### COMMUNITY ENGAGEMENT PROJECTS

### DATES OF ACTIVITY

### NUMBER OF POINTS

Title of Program: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Description:

Title of Program: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Description:

Title of Program: \_\_\_\_\_  
Sponsoring Organization: \_\_\_\_\_  
Description:

TOTAL POINTS \_\_\_\_\_

Please attach additional sheets for additional Community Engagement Projects.

## SECTION 8 REFERENCES

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Organization: \_\_\_\_\_ Email \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Organization: \_\_\_\_\_ Email \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Organization: \_\_\_\_\_ Email \_\_\_\_\_

Title: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Years Known: \_\_\_\_\_

Nominated by: \_\_\_\_\_