



Recertification Training Documentation

(For use by ASIS International chapters or other program sponsor)

_____, ASIS Member # _____
Attendees Full Name

Attended the _____ Meeting on _____ Date _____ Hours of Classroom Time _____
Educational Session

Received security/business-management training on _____
Topic

Verified by: _____
Signature of Individual Representing Chapter or Other Organizer of Educational Session

Please note: Certified individuals are responsible for reporting activity and submitting documentation.