



Professional Certification Program Criminal Intelligence Certified Analyst (CICA) Recertification Application

Respond in full to each question. *Incomplete applications will be returned.*

Personal Details

Name (First, Middle, Last)

Home Address

City

State/Province/Region

Country

Postal Code

Phone Number

Email Address

IALEIA Membership Number

Number of Years Member

CICA Certification #

Number of Years CICA Certified

Work Details

Agency/Company Name

Work Title

Number of Years in Position

Attach official job description if changed jobs within last 5 years.

Work Address

City

State/Province/Region

Country

Postal Code

Work Phone Number

Work Email Address

Supervisor Name/Title

Supervisor Phone Number

Additional Work Experience to Meet 15 Year Requirement. *List agency name(s), job title(s), and dates worked.*

Select qualifying education and experience

Applicants must provide documentation of a minimum of 8 hours of continuing education hours/credits earned per year since last CICA certification/recertification. *Attach copies of all certificate and diplomas received for education and training.*

1. Course Completed	Date Complete	# of hours
2. Course Completed	Date Complete	# of hours
3. Course Completed	Date Complete	# of hours
4. Course Completed	Date Complete	# of hours
5. Course Completed	Date Complete	# of hours

Qualifying Activities

Applicants for Lifetime certification must meet the specific qualifying activities of CICA recertification. Please note which three (3) activities were completed and attach applicable items.

1. Specific Qualifying Activity

Description/Details

2. Specific Qualifying Activity

Description/Details



3. Specific Qualifying Activity

Description/Details

Applicant Certification

I hereby certify that all of the above information is true and complete.

Applicant Signature

Date

I have reviewed IALEIA's Code of Ethics and agree to adhere to these standards for ethics and professional conduct.

Applicant Signature

Date

CICA Lifetime Certification Application Fee: \$75.00 (*non-refundable*)

To pay online by credit or debit card, please visit the [IALEIA Store](#)

To pay by check, attach fee here and mail completed application and check to: P.O. Box 13857, Richmond, VA 23225. *Make checks payable to IALEIA (Non-US checks must be on banks with US correspondent banks.)*

Applicants may also provide their credit card information for processing (*online submission is preferred*)

Card Type

Card Number

Name on Card

Expiration Date

CVV Code



Professional Certification Committee Member Review *(for IALEIA/PCP Use Only)*

Application Approved?

Yes

No

Approval Date

Certification Number

Certificate Mailed Date

** Remember to attach any necessary documents to the submission email.**

SUBMIT APPLICATION