Job Title

CCEP Examination Application



Special paper-and-pencil administration of the Certified Compliance & Ethics Professional (CCEP)® examination

SCCE March Basic Compliance & Ethics Academy| San Diego, CA Exam Check-In: 12:45 p.m.| Exam Time: 1:15 – 4:30 p.m. Thursday, March 5, 2020

*Please note: Actual Exam Duration is 120 minutes per the Candidate Handbook. If you are not present at the specified "Exam Time" as listed above, and as determined by the exam proctor, you will not be allowed to sit for the exam. Time range above includes mandatory exam procedures and proctor instructions.

The application deadline is Monday, February 24, 2020

After this date, you must contact CCB to register for the exam offered at this event.

A CCB certification specialist will review and process your exam application in five business days. Once a candidate receives confirmation of exam eligibility from CCB, the exam must be taken within 12 months, provided the 20 CCB CEUs earned to sit for the exam are valid at the time the candidate takes the exam.

Complete the online Examination Application form at *corporatecompliance.org*, or send this completed Examination Application and fees to: **mail:** Compliance Certification Board, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435, U.S. **fax:** 952.988.0146

Questions: email: ccb@compliancecertification.org | phone: 888.277.4977 or +1 952.933.4977

Applications submitted without sections 1-5 completed will not be accepted.

PERSONAL INFORMA	ATION		
* First Name	* Last Name	Middle N	lame
*Preferred Mailing Address: (scor	e reports will be sent to	the address listed belo	ow)
*Street Address			
*City/Town	*State/Province	*Country	*Zip/Postal Code
*Telephone	SCCE/HCCA ID number (c	optional) *Email (confirm	mations will be sent to this address)
*DENOTES REQUIRED FIELD			
2 WORK EVERNENCE			
2 WORK EXPERIENCE	1		
Select the classification that best this for you. See the <i>Certified Col</i> information on determining you classifications in order to fulfill t	<i>mpliance & Ethics Profe</i> r work experience classit	essional (CCEP)® Cand fication. Please Note:	lidate Handbook for more You must meet one of these
 Compliance Professional (A You have at least one year duties earned in the two y Job duties performed dire pages 22-24. 	in a full time compliand years preceding your ap	plication date, and	
Student: Has successfully comp (complete listing found at <i>corp</i> of completion given by your CC	oratecompliance.org) w		
lf you selected Compliance Profess work experience requirement. Rec application. Resumes will not be ac	quired information below	must be completed fo	
			tes of employment
*Job Title	*Employer	(mo	nth/year to month/year)
		Dat	es of employment

Employer

(month/year to month/year)

3 CONTINUING EDUCATION

In order to sit for this examination, you must submit documentation of 20 CCB continuing education units, of which 10 must have come from "live" training events, and have been earned within the 12-month period preceding the exam date.

CEUs can be earned from programs outside SCCE and HCCA events and activities. You can submit these outside programs for CCB CEU approval using the online or paper Individual Accreditation Application form. See the *CCEP Candidate Handbook* for more information on obtaining outside CEUs for your CCB certification.

Please Note: CEUs earned prior to the exam date are considered "redeemed" upon passing, and cannot be used toward your first renewal period even if CEUs are in excess of the 20 required to sit for the exam.

List below any additional necessary CEUs earned, along with appropriate documentation per the candidate handbook if they are not already on file with CCB.

Title	Date	Credits
All continuing education submissions are subject to audit per CCB policy.		

4 FEES

Include all fees with your application.

All checks should be made payable to "Compliance Certification Board." Funds from international countries should be submitted in U.S. dollars. For wire transfer details, email ap@corporatecompliance.org.

Applications will not be processed until payment has been received.

No refunds will be issued to eligible candidates who need to cancel an exam or fail to schedule their exam by their eligibilty end date. Candidates must notify CCB at least five business days prior to the scheduled test date, if they are unable to attend the scheduled exam on that date.

If candidates fail to give five business days notice, or if candidates need to reschedule the exam more than once, a rescheduling fee will be imposed.

CCEP	EXAMINAT	ION APPL	ICATION	FEE

□ SCCE or HCCA Member: \$275 **OR** □ Non-member: \$375

PAYMENT METHOD

Mail check to: CCB, 6500 Barrie Road, Suite 250, Minneapolis, MN 55435

Fax to: +1 952.988.0146

O Check enclosed

O I authorize CCB to charge my credit card (choose below)

Credit Card: \bigcirc American Express \bigcirc MasterCard \bigcirc Visa \bigcirc Discover

Due to PCI Compliance, please do not provide any credit card information via email. You may email this form (without credit card information to ccb@compliancecertification.org) and CCB will contact you for payment using the telephone number listed within this application.

Credit Card Account Number	
Credit Card Expiration Date	Credit Card Billing Zip Code
Cardholder's Name	
Cardholder's Signature	

ACKNOWLEDGMENTS

Please read, and check the boxes below regarding & procedures. All three items below must be checked					
☐ I have read the CCEP Candidate Handbook and understand the policies and procedures, including (but not limited to), the requirements to sit for this examination, as well as renewal requirements, should I earn this certification.					
☐ I have read the "Code of Professional Ethics for C in the CCEP Candidate Handbook or online at corp	•				
☐ Yes ☐ No Have you been convicted of a felony?					
*Signature	*Date				
By signing above, I further attest that all information ir supporting documentation is true and accurate. I ackr supplied is shown to be incorrect, I may be subject to revocation of certification in accordance with CCB pol check at its discretion. Candidate signature and date application.	nowledge that if any of the information prohibition from the examination and/or icy. I authorize CCB to conduct a background				
6 DESCRIPTIVE INFORMATION This information is optional and will be used to help CCB evaluate its program.					
compliance and ethics field?	Do you consider your organization to serve a single state, multiple states, the entire United States, or a global organization?				
 □ 1–3 years □ 3–5 years □ 5–10 years □ 10 years or more B. How many employees are in your organization?	☐ Single state ☐ Multiple states ☐ Entire United States ☐ Global				
☐ Fewer than 20 ☐ 5,000-9,999 ☐ 20-99 ☐ 10,000-24,999 ☐ 25,000-49,999 ☐ 250-499 ☐ 50,000-99,999 ☐ 500-999 ☐ 100,000 or more ☐ 1,000-2,499 ☐ 2,500-4,999 ☐ 2,500-4,999 ☐ C. What is your total annual company revenue?	 What best describes your job? CEO CFO Ethics Officer Attorney (in-house counsel) Attorney (private practice) Human Resources Consultant Administration 				
☐ Less than \$20 million ☐ \$20–\$49 million ☐ \$50–\$99 million	Other Gender Male				
 □ \$100-\$249 million □ \$250-\$499 million □ \$500-\$999 million □ \$1-\$2 billion □ More than \$2 billion 	☐ Female				