



**Application for Re-Certification**  
**Certified Software Testing Professional (CSTP)**  
*(To be submitted only after completing all re-certification requirements)*

Name as you wish to appear on the certificate (Please print)

\_\_\_\_\_

Address where you want the certificate to be mailed:

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail this application with the non-refundable processing fee of \$180 to the address below. The processing fee is to cover the cost of the engraved plaque and other record keeping expenses. All graduates are processed quarterly: December 31, March 31, June 30, and September 30.

**Payments: Methods:**

U.S. Check - All check should be made payable to Software Dimensions and mailed to the address below.

Credit Card - Fill out the information below if you would like to pay using a credit card. We will need a signature below in order to process your credit card information. We accept VISA, AMEX, MasterCard and Discover. This form should be mailed to the address below or faxed to: (763) 546-0075.

**Card Number:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_

**Card Holder name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Mailing Address:**

International Institute for Software Testing  
636 Mendelssohn Ave. North  
Golden Valley, MN 55427

If you have any questions, please contact the Registrar at 763-546-0072.

## Completed Work:

An applicant shall complete a total of 10 educational units as described in the table below. Please complete the following application for re-certification based on this table.

| Category A: Minimum 4 units and up to 10 units  | Category B: Maximum 6 Units with no minimum  | Category C: Maximum 4 units with no minimum   |
|---|--|---|
| <ul style="list-style-type: none"> <li>Classroom courses with written exams.</li> <li>Course topics are up to the applicant's choice, but must be in software testing or software engineering.</li> <li>Each day counts as one unit.</li> <li>College level courses on software testing or quality topics taken for credits will count as one unit for each one quarter or semester credit hour.</li> <li>Applicants must submit evidence of successful completion of the course and passing the exam.</li> </ul> | <ul style="list-style-type: none"> <li>Classroom courses with no exam required.</li> <li>Course topics are up to the applicant's choice, but must be in software testing or software engineering.</li> <li>Each day counts as one unit.</li> <li>Applicants must submit evidence of successful completion of the course</li> </ul> | <ul style="list-style-type: none"> <li>Presentations at professional conferences; each presentation counts for 2 units</li> <li>Publications in professional journal, magazines, or electronic forums; each publication counts for 2 units</li> <li>Attending conferences; each day counts as ½ unit</li> <li>Web-based courses requiring an exam; each course regardless of length counts as ½ unit</li> </ul> |

### Category "A" Courses (Classroom courses with written exams)

**Course Title:** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course provider:** \_\_\_\_\_

**Exam Date:** \_\_\_\_\_ **Exam Result:** \_\_\_\_\_

**Evidence of completion submitted:** \_\_\_\_\_

**Evidence of passing exam submitted:** \_\_\_\_\_

**Number of Educational Units Earned per Above Table:** \_\_\_\_\_

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**Category "A" Courses (Classroom courses with written exams)**  
**(Continued)**

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

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Result: \_\_\_\_\_

Evidence of completion submitted: \_\_\_\_\_

Evidence of passing exam submitted: \_\_\_\_\_

Number of Educational Units Earned per Above Table: \_\_\_\_\_

=====

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

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Result: \_\_\_\_\_

Evidence of completion submitted: \_\_\_\_\_

Evidence of passing exam submitted: \_\_\_\_\_

Number of Educational Units Earned per Above Table: \_\_\_\_\_

=====

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

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Result: \_\_\_\_\_

Evidence of completion submitted: \_\_\_\_\_

Evidence of passing exam submitted: \_\_\_\_\_

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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(USE ADDITIONAL SHEETS IF NEEDED)

Number of Educational Units Earned for Category "A" \_\_\_\_\_

**Category "B" Courses (Classroom courses without written exams)**

**Course Title:** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course provider:** \_\_\_\_\_

**Evidence of completion submitted:** \_\_\_\_\_

**Number of Educational Units Earned per Above Table:** \_\_\_\_\_

=====  
**Course Title:** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course provider:** \_\_\_\_\_

**Evidence of completion submitted:** \_\_\_\_\_

**Number of Educational Units Earned per Above Table:** \_\_\_\_\_

=====  
**Course Title:** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course provider:** \_\_\_\_\_

**Evidence of completion submitted:** \_\_\_\_\_

**Number of Educational Units Earned per Above Table:** \_\_\_\_\_

=====  
**Course Title:** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course provider:** \_\_\_\_\_

**Evidence of completion submitted:** \_\_\_\_\_

**Number of Educational Units Earned per Above Table:** \_\_\_\_\_

=====  
(USE ADDITIONAL SHEETS IF NEEDED)

Number of Educational Units Earned for Category "B" \_\_\_\_\_

**Category "C" Courses (Professional Development Activities)**

**Activity:** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course provider:** \_\_\_\_\_

**Evidence of completion submitted:** \_\_\_\_\_

**Number of Educational Units Earned per Above Table:** \_\_\_\_\_

=====

**Activity:** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course provider:** \_\_\_\_\_

**Evidence of completion submitted:** \_\_\_\_\_

**Number of Educational Units Earned per Above Table:** \_\_\_\_\_

=====

**Activity:** \_\_\_\_\_

**Duration:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Course provider:** \_\_\_\_\_

**Evidence of completion submitted:** \_\_\_\_\_

**Number of Educational Units Earned per Above Table:** \_\_\_\_\_

=====

(USE ADDITIONAL SHEETS IF NEEDED)

Number of Educational Units Earned for Category "C" \_\_\_\_\_

Total Number of Educational Units Earned per the Above Table (10 Required): TOTAL: \_\_\_\_\_