



International Institute for Software Testing

Promoting Disciplined Software Testing Practices

A Petition for Extension of the Three Year Requirement of the Certified Software Test Professional (CSTP) Re-Certification

To be submitted only after completing at least 50% of the re-certification requirements

Name (please print): _____

Company Name: _____

Address _____

City: _____ State: _____

Postal Code: _____ Country: _____ Email: _____

I hereby request a one year extension of the three year requirement to complete my re-certification requirements. I have completed at least 50% of the requirements per the table below.

Signature: _____

My Last CSTP Date: _____ Today's Date _____

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"> ▪ Classroom courses with written exams. ▪ Course topics are up to the applicant's choice, but must be in software testing or software engineering. ▪ Each day counts as one unit. ▪ 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. ▪ Applicants must submit evidence of successful completion of the course and passing the exam. 	<ul style="list-style-type: none"> ▪ Classroom courses with no exam required. ▪ Course topics are up to the applicant's choice, but must be in software testing or software engineering. ▪ Each day counts as one unit. ▪ Applicants must submit evidence of successful completion of the course 	<p>Professional development activities that may fall into one of the following activates:</p> <ul style="list-style-type: none"> ▪ Presentations at professional conferences; each presentation counts for 2 units ▪ Publications in professional journal, magazines, or electronic forums; each publication counts for 2 units ▪ Attending conferences; each day counts as ½ unit ▪ Web-based courses requiring an exam; each course regardless of length counts as ½ unit

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: _____

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: _____

(USE ADDITIONAL SHEETS IF NEEDED)

Number of Educational Units Earned for Category "A" _____

Category "B" Courses (Classroom courses with no 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" (Professional development activities)

Activity: _____

Duration: _____ Date: _____

Course provider if applicable: _____

Evidence of completion submitted: _____

Number of Educational Units Earned per Above Table: _____

Activity: _____

Duration: _____ Date: _____

Course provider if applicable: _____

Evidence of completion submitted: _____

Number of Educational Units Earned per Above Table: _____

Activity: _____

Duration: _____ Date: _____

Course provider if applicable: _____

Evidence of completion submitted: _____

Number of Educational Units Earned per Above Table: _____

Activity: _____

Duration: _____ Date: _____

Course provider if applicable: _____

Evidence of completion submitted: _____

Number of Educational Units Earned per Above Table: _____

Activity: _____

Duration: _____ Date: _____

Course provider if applicable: _____

Evidence of completion submitted: _____

Number of Educational Units Earned per Above Table: _____

Activity: _____

Duration: _____ Date: _____

Course provider if applicable: _____

Evidence of completion submitted: _____

Number of Educational Units Earned per Above Table: _____

Activity: _____

Duration: _____ Date: _____

Course provider if applicable: _____

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: _____

Please provide an explanation of your reasons for not completing the re-certification requirements.

Please note that extensions are granted on a case by case basis and are totally under the discretion of the Chairman of IIST. Extensions are granted only for one year at a time and for a maximum of two years. You may submit this petition ONLY after completing at least 50% of the re-certification requirements.

Mail this application to the International Institute for Software Testing at the address below. The application must be received at least 60 days before the certification expires.

International Institute for Software Testing
636 Mendelssohn Avenue N
Golden Valley, MN 55427
USA

For questions, call the IIST at (763) 546-0072 or email us at jkern@testinginstitute.com.