



# Recertification Training Documentation

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

\_\_\_\_\_, ASIS Member # \_\_\_\_\_  
**Attendees Full Name**

Attended the \_\_\_\_\_ Meeting on \_\_\_\_\_ Hours of Classroom Time \_\_\_\_\_  
**Educational Session** **Date**

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.