



## Re-Certification Application for the Certified Software Test Professional - Master Level - (CSTP - M)

*(To be submitted only after completing all the educational requirements)*

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

Address where the graduation package should be mailed to:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE MAKE SURE THE FOLLOWING REQUIREMENT IS SATISFIED:**

I have completed the educational requirements

**OPTIONAL:**

I grant IIST the right to publish my name on its web site and other media as recipient of this certification

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

Mail this application along with the non-refundable processing fee of \$180 to the address below. All graduation applications are processed quarterly: March 31, June 30, and September 30, December 31.

***\*Graduates will receive their graduation package approximately four weeks after the quarterly processing date.\****

**Payments: Methods:**

U.S. Check - All checks 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: \_\_\_\_\_ Card Type: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Billing Address (as it appears on the credit card statement)

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

I, the card holder, agree to the above charges and authorize the charges to be placed against my credit card. I further agree that the above information is correct.

**Card Holder 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. \*\*\*

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

**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</li></ul>

**Category “A” Courses (Classroom courses with written exams)**

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

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

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

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

Evidence of completion submitted: (Circle one) Yes / No

Evidence of passing exam submitted: (Circle one) Yes / No

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

-----

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

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

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

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

Evidence of passing exam submitted: (Circle one)    Yes / No

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

-----

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

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

Evidence of passing exam submitted: (Circle one)    Yes / No

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

-----

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

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

Evidence of passing exam submitted: (Circle one)    Yes / No

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 without written exams)**

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

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

-----

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

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

-----

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

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

-----

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

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: (Circle one)    Yes / No

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

-----

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

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

-----

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

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

-----

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

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

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

Evidence of completion submitted: (Circle one)    Yes / No

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

-----

(USE ADDITIONAL SHEETS IF NEEDED)

**Number of Educational Units Earned for Category “C”** \_\_\_\_\_