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| **Information about this form** |
| This form is designed to recertify your designation as an Electronic Document Professional (EDP). Please take a minute to read through the application before starting to complete the sections.The requirements are simple: * You must obtain 150 credits during the last five years of your certification
	+ Of those 150 credits, you must obtain at least 50 Education credits and at least 50 Knowledge Sharing credits. (Please note that no more that 50 credits may be earned in any one year. However you may submit more credits than allowed to track for M-EDP submission in the future.)
* You must be up-to-date with your annual payments; a fee of USD $25 is payable yearly or USD $125 during the five years
* You must accept the Code of Ethics of an Electronic Document Professional

Complete the sections that ask for information about you as well as the credits information in both the education and knowledge sharing sections. Then sign the Code of Ethics, sign the Declaration, and give us information on how you are making your payment.If you need to use additional pages to note additional education credits, knowledge sharing credits, etc., then please indicate clearly on these pages your name and the sections to which the information relates or print additional pages. Finally, we recommend that you make a **copy** of everything and send the original application form and any additional notes to Xplor Headquarters. Please keep in mind that ***the EDP Commission Evaluator* *reserves the right to ask for supporting documentation if there is a question*. *It is not necessary to submit all supporting documentation initially.***Once we receive your recertification application, you will receive a confirmation email and your application will then be submitted to the EDP Commission Evaluator for review. We will then notify you of your recertification status via email usually within 10 business days.Good luck, and if you have any questions, please call us at: +1-800-669-7567 or +1 813-949-6171 outside the USA. |

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| **Information about you** |
| ***Name (First, Middle Initial, Last):*** |       |
| ***Address******City, State, or Province******Zip or Postal Code******Country:*** |       |
| ***Company Name:*** |       |
| ***Phone:*** |       |
| ***Email Address:*** |       |

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| **Your education credits – You need at least 50** |
| **Please describe any professional certification earned directly related to the electronic document industry within the last 5 years.****– 25 credits per certification** |
| ***Sponsoring Organization*** | ***Certification*** |
|       |       |
| ***Year Certification Earned***        |
| ***Sponsoring Organization*** | ***Certification*** |
|       |       |
| ***Year Certification Earned***        |

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| **Please describe your higher education, college, or degree earning studies** **– 10 credits per year up to a maximum of 50** |
| ***Organization*** | ***Course*** |
|       |       |
| ***# of Years***      , ***From (Year)***       ***To (Year)***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***# of Years***      , ***From (Year)***       ***To (Year)***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***# of Years***      , ***From (Year)***       ***To (Year)***        |

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| **Please describe your electronic document industry-related courses with examination or accredited courses within the last 5 years.** **– 10 credits per Continuing Education Unit (CEU) or Passing Grade** |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade***         |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade***         |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade***         |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade***         |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Course Taken***       ***# of Course Days***       ***# of CEUs Earned or Grade***         |

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| **Please describe your attendance, in the past 5 years, at conferences, courses, seminars, and certificate programs sponsored by educational institutions, professional trade associations, vendors, government agencies, consulting firms, and other relevant seminars. All must be directly related to the electronic document industry to qualify for credits. Each activity must have a professional content, and instructor/presenter.** **– 6 credits per day or 3 credits per half day** |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |
| ***Organization*** | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |
| ***Organization***  | ***Course*** |
|       |       |
| ***Year Attended***       ***# of Days***        |

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| Please describe your attendance, in the past 5 years, at online webinars sponsored by educational institutions, professional trade associations, vendors, government agencies, consulting firms, and other relevant webinars. All must be directly related to the electronic document industry to qualify for credits. Each activity must be at least one hour, have a professional content, and instructor/presenter.**– 1 credit per hour; up to a maximum of 5 credits per day** |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |
| ***Organization*** | ***Webinar Name*** |
|       |       |
| ***Date Attended***       ***# of Hours***        |

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| **Your knowledge sharing credits – You need at least 50** |
| **Active work experience: You are allowed to claim 1 credit per month that you are actively engaged in the industry during your 5-year recertification period, with a maximum allowable 6 points per year (no more than 30 credits during 5-year recertification period). Continued employment in the industry assumes general knowledge sharing among work colleagues and acknowledges your continued participation in the industry.****Please describe your employment starting with your *current* position****– 1 credit per month; up to a maximum of 6 credits per year** |
| ***Company Name*** | ***Your Position or Title*** |
|       |       |
| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
|       |       |
| ***# of Months***       ***From (Year)***       ***To (Year)***        |
| **Please describe your previous employment**  |
| ***Company Name*** | ***Your Position or Title*** |
|       |       |
| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
|       |       |
| ***# of Months***       ***From (Year)***       ***To (Year)***        |
| ***Company Name*** | ***Your Position or Title*** |
|       |       |
| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
|       |       |
| ***# of Months***       ***From (Year)***       ***To (Year)***        |
| ***Company Name*** | ***Your Position or Title*** |
|       |       |
| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
|       |       |
| ***# of Months***       ***From (Year)***       ***To (Year)***        |
| ***Company Name*** | ***Your Position or Title*** |
|       |       |
| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
|       |       |
| ***# of Months***       ***From (Year)***       ***To (Year)***        |
| ***Company Name*** | ***Your Position or Title*** |
|       |       |
| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
|       |       |
| ***# of Months***       ***From (Year)***       ***To (Year)***        |
| ***Company Name*** | ***Your Position or Title*** |
|       |       |
| ***Company Address*** | ***Contact Name, Contact Phone and/or Email Address*** |
|       |       |
| ***# of Months***       ***From (Year)***       ***To (Year)***        |

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| **Please describe any publications, written or edited, directly related to the electronic document industry in the past 5 years.****– 10 credits for writing an article published in the public domain** **– 20 credits editing a book (each) or journal (per year)****– 40 credits for writing a book published in the public domain** |
| ***Publication*** | ***Where publication can be found*** |
|       |       |
| ***Year Published***        |
| ***Publication*** | ***Where publication can be found*** |
|       |       |
| ***Year Published***        |
| ***Publication*** | ***Where publication can be found*** |
|       |       |
| ***Year Published***        |
| ***Publication*** | ***Where publication can be found*** |
|       |       |
| ***Year Published***        |

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| **Please describe your knowledge sharing activities in the electronic document industry over the past 5 years. Be sure to consider any development and presentation of sessions, classes, workshops, seminars or webinars to further others knowledge of the industry. Seminars or workshops include education, sales, marketing, and training courses. Although presenting sessions is considered knowledge sharing, chairing sessions is not. Half day can include morning, afternoon, or evening events. Each activity must have a professional content.** |
| **– 4 credits for preparing a presentation (20-90 min)** – 4 credits for giving a presentation (20-90 min)– 4 credits for moderating/participating in a panel**– 12 credits for preparing ½ day seminar/workshop** **– 4 credits for running ½ day seminar/workshop****– 16 credits for preparing 1 day seminar/ workshop****– 8 credits for running 1 day seminar/workshop****– 1 credit (max. 5 per year) Starting a discussion using Social Media** | **–10 credits per year for running list servers, moderating chat room, FAQ, special interest forum, starting and maintaining blogs; developing and maintaining any other social media channel****– 10 credits per year for serving as a board or committee member****– 10 credits for serving as a mentor in a certification program (per candidate)****– 10 credits per year for serving as an evaluator in a certification program** **– 1 credit for referring a successful EDA candidate**  **(as noted on EDA application; max. 5 per year)** |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |
| ***Organization*** | ***Presentation, Seminar, Committee, Office, etc.*** |
|       |       |
| ***Year***       ***# of Days (if applicable)***        |

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| **Special Projects - up to 50 credits (if applicable)** |

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| **You may have taken part in or been responsible for a project that falls outside the list of activities listed above – projects similar to the case studies submitted for your EDP portfolio or perhaps the granting of a patent.****If this is the case, please provide an account of the project in less than 1,000 words describing the key features and explaining its merits. The EDP Commissioners may want to discuss it briefly with you before awarding up to 50 credits for the project.** |

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| **Code of Ethics for Electronic Document Professionals** |
| As an Electronic Document Professional, I will strive to maintain and improve the standards of the profession and encourage the spread of knowledge relating to the development of the industry.I acknowledge that I have an obligation to society. Therefore I will actively cooperate with other Electronic Document Professionals to promote the understanding of the key role of electronic document systems in business and its power to help people communicate.I recognize that as part of a worldwide fellowship I shall be loyal to my fellow Electronic Document Professionals, and be willing to share my experience and participate in ways to advance the technology and our profession.I will not use confidential information pertaining to the business of a fellow EDP to advance my own interests.As an Electronic Document Professional I recognize the need for an open relationship among customers and suppliers. I shall therefore endeavor to be honest and fair in my commercial relationships.I have an obligation to use electronic document systems in ways that will best meet my employer’s mission and encourage other associates within the organization towards the same goals.I acknowledge that this Code of Ethics is an integral part of the rights and responsibilities conferred upon me as an Electronic Document Professional. |
| **Declaration** |
| I certify that the information supplied here is true and correct. I understand that any knowingly false statement herein is grounds for this application to be rejected or the EDP designation, if granted, to be revoked. By signing this document, you grant Xplor International the right to use your name and/or company name to promote your success in the Electronic Document Certification program. Your contact details will not be released to any third parties without prior consent.Check the appropriate box for agreement: Yes, you can use my name: [ ]  company name: [ ]  both: [ ]  |
| ***Signature*** | ***Date*** |
|       |       |

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| **Information about your payment** |
| **The USD payment is non-refundable and is required for the EDP Commission to recertify your EDP designation. You can pay by a US bank check in US dollars, or by one of the credit cards listed below.** |
| [ ]  Check | [ ]  VISA | [ ]  MasterCard | [ ]  American Express |

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| ***Make Checks Payable to:***Xplor International | ***Mail Checks to:***Xplor International, 24156 SR 54, Ste 4, Lutz, FL 33559 USA |

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| ***Credit Card Number:*** |       |
| ***Expiration Date:*** |       |
| ***Security Code:*** |       |
| ***Amount:*** |       |
| ***Address where credit card statement is received:*** |       |
| **Thank you for applying to the EDP Recertification Program. If you needed additional space when filling out the sections, then please remember to attach the additional sheets.****If you want more information on the recertification program, its requirements, and the timeline, please go to** [**www.xplor.org/edp**](http://www.xplor.org/edp)**.****Please complete this form and return with your application fee to:****Xplor International****24156 SR 54, Ste 4****Lutz, FL 33559****USA** |