

OPSEC PROFESSIONALS SOCIETY
APPLICATION FORM FOR PROFESSIONAL CERTIFICATION

(**Note:** A digital and hard copy of the application form and the required paper must be submitted.)

Name: _____

Address: _____

Email address & Telephone number: _____

Membership Number: _____

Experience:

Please fill out attached Experience forms. Fill out as many as necessary to fulfill certification requirements. Be sure to indicate how much direct and/or indirect experience you are counting by month for each experience entry and be specific. Application may not contain classified information. Do not submit supporting documentation, such as certificates of training, efficiency reports, SF 171s, award citations, etc. All justifying information should be included in the narrative on the attached experience sheet. It is to your advantage to make complete submissions.

Please indicate below, with cross-reference to the attached Experience forms, the total listing of your professional experience, which you are submitting to satisfy the requirement for five years OPSEC experience. Use this listing to add up your totals of indirect and direct experience. Remember that a minimum of two years of the five years OPSEC experience must be direct experience and that any experience substituted for the educational requirements must be in addition to the five years required in the Experience section (no double counting).

1. *Experience Summary Sheet* (cross-reference to descriptions of experience on “OPSEC Experience Form”)

Cite the OPSEC Experience Reference form #

Months Claimed Date	Position Title	Direct/Indirect	OPSEC Experience Form Ref #

2. *Education and Training:*

- College Education: (Give name of institution(s), date(s) of attendance, number of credit hours earned, and degree awarded.

• Months of experience (direct or indirect) used to substitute for education: (Specify Number of months and document in details on Experience forms, no double counting permitted).

• 48 hours of OPSEC Training: (Give course name(s), a brief description(s), and date(s) of attendance).

• Months of experience (direct only) used to substitute for training: (Document in Experience forms, no double counting permitted).

3. *Paper:* (Include Title here)

Reminder: Paper must be in hard and soft copy.

4. *Application Fee:*

Reminder: Is the appropriate Application fee attached?

5. *Certification:*

I certify the information contained in this Application and attachments is complete and not false or misleading. I further certify that the paper submitted constitutes original work on my part.

Signed: _____ Date: _____

(For OPS use) Date received: _____ Reference #: _____

OPSEC EXPERIENCE FORM

(Cross-reference to Experience Summary Sheet)

(Please fill out one sheet for each professional experience claimed)

Applicant Name:

Name and Address of Employer:

Date of Employment:

From (month/year) _____ To (month/year) _____

Number of months direct experience claimed: _____

Number of months indirect experience claimed: _____

Number of months from above credited for Training: _____

Number of months from above credited toward Education: _____

Position title:

Name of Reference / Supervisor: (Telephone numbers of those who can verify employment of cited periods)

Description of Work: (Describe specific OPSEC activities and include a brief description of other non-OPSEC related duties)

(continue on separate sheet, if required)

(For OPS use) Reference #:

This form may be reproduced for multiple positions.