

**FOR OFFICE USE ONLY**

Date Received:

Date Approved:

**IFPUG CERTIFIED SNAP PRACTITIONER  
Registration**

**INSTRUCTIONS:**

1. Type or print entire application clearly.
2. Send Registration, along with fee to  
IFPUG, 191 Clarksville Road, Princeton Junction, NJ 08550 USA  
Phone: 609/799-4900  
Fax:609/799-7032  
Email: ifpug@ifpug.org

Note: All Certified SNAP Practitioners must be IFPUG Members.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Daytime Telephone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

CSP Exam Date: \_\_\_\_\_ CSP Exam Location: \_\_\_\_\_

In signing below, I certify that:

1. All of the information on this application is accurate to the best of my knowledge.
2. I understand that falsification of any kind may be sufficient for rejection or withdrawal of certification and forfeiture of all fees.
3. I have read and agree to abide by and uphold the Certified SNAP Practitioner Code of Ethics.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fees: \$275 per exam

**Method of Payment:**(Application accepted by fax only when paying by credit card.)

Application Fee enclosed. **Purchase Orders are not accepted.** Make checks or money orders payable to IFPUG in U.S. funds only and drawn on a U.S. bank.

Charge To:  MasterCard  VISA  American Express

Member Number \_\_\_\_\_

Affiliate Type \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Authorization Signature \_\_\_\_\_

Payments to IFPUG are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

**IFPUG Certified SNAP Practitioner**  
**Code of Ethics**

As an IFPUG Certified SNAP Practitioner:

1. I will promote the understanding of IFPUG Software Non-functional Assessment Process (SNAP), methods and procedures.
2. I have an obligation to the SNAP community to uphold the high ideals of personal knowledge as evidence by the certification held.
3. I have an obligation to serve the interest of my employers and/or clients loyally, diligently and honestly.
4. I will not engage in any conduct or commit any act, which is a discredit to the reputation or integrity of the SNAP program, IFPUG, or the information system community.
5. I will not imply or otherwise convey that the CSP designation is my sole claim to professional competence. I will continuously strive for professional knowledge and growth.
6. I will not engage in any activity during the administration of the exam, which could provide any of the participants, including myself, with an unfair advantage for successful completion of the exam.

By accepting their certificates, Certified SNAP Practitioners agree to: (1) hold IFPUG harmless from any and all liability arising out of their professional activities, and (2) abide by and uphold the IFPUG Code of Ethics.

Please contact the IFPUG Executive Office with any questions you may have.

**IFPUG**  
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