



# Public Safety Auditors Association (PSAA)



## CERTIFIED PUBLIC SAFETY AUDITOR (CPSA) DESIGNATION

### WAIVER APPLICATION

The Public Safety Auditors Association (PSAA) has established the Certified Public Safety Auditors (CPSA) professional designation to recognize the recipient as one who possesses an **expert** level of knowledge, skill, and experience in the general area of auditing and public safety as deemed by the Board of Commissioners of PSAA. The recipient has demonstrated that he/she can apply superior professional audit services in all matters related to the field of public safety.

CONTACT INFORMATION					
Applicant's Name	<i>Last</i>		<i>First</i>		<i>MI</i>
Mailing Address					
City		State		Zip Code	
Contact Phone #		E-mail			

EMPLOYER INFORMATION					
Name of Employer					
Employer's Address					
City		State		Zip Code	
Employer's Phone #		E-mail			
Supervisor's (Name)		Rank/Title			

### PLEASE DESCRIBE IN FULL DETAIL AS TO HOW YOU MEET THE REQUIREMENTS FOR THE CERTIFICATION BY WAIVER:

All **SIX REQUIREMENT** areas below must be filled in completely. Additional documentation to support your answers may be requested by the PSAA's Board of Commissioners after reviewing your application.

#### 1. PSAA MEMBERSHIP REQUIREMENT

Member must be in good standing.

Membership #.	
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#### 2. EDUCATION REQUIREMENT

- A. Hold a university degree granted from an accredited institution, with a major of study in accounting, auditing, criminal justice, management, economics, finance, marketing, public administration, or other related law enforcement study.

**CERTIFIED PUBLIC SAFETY AUDITOR (CPSA) DESIGNATION – WAIVER APPLICATION**

*List post-secondary education below:*

	<b>Name of Institution</b>	<b>Graduation Year</b>	<b>Degree Earned</b>	<b>Major/Emphasis</b>
1.				
2.				
3.				
4.				
5.				

**OR**

- B. Have the equivalent of a university degree, which would be determined by aggregating training hours from sources which could include college courses, military schooling, law enforcement academy training, in service training, certified home study, and/or professional association training, such as ILEAA, in the areas of auditing, criminal justice, fraud, law enforcement, public administration, risk assessment/risk management.

*If no university degree has been earned, please list applicable training below:*

	<b>Name of Training/Institution</b>	<b>Year Completed</b>	<b>Certificate Earned</b>	<b>Emphasis</b>
1.				
2.				
3.				
4.				
5.				

**OR**

- C. Hold at least one professional certification such as: A Chartered Accountant, a Certified Public Accountant, a Certified Internal Auditor, a Certified Government Financial Manager, a Certified Fraud Examiner, Certified Government Auditing Professional, Certified Law Enforcement Auditor or other recognized professional certification, and provide evidence of that certification.

*Please list your earned certifications below and attach a copy of one of your certifications:*

1.	
2.	

**3. EXPERIENCE REQUIREMENT**

A candidate must have at least five years of full time experience. This experience can be any combination of auditing, consulting, advising, or teaching in the field of audit, criminal

## CERTIFIED PUBLIC SAFETY AUDITOR (CPSA) DESIGNATION – WAIVER APPLICATION

justice, investigation, and/or risk management; elements of which must be directly related to aspects of law enforcement including the detection, prevention, and investigation of fraud, physical security, and risk management.

*Please summarize years of experience into the following categories:*

• Years in Auditing/Risk Management	
• Years in Criminal Justice/Law Enforcement	
• Years in Consulting/Advising/Teaching	
• Years in Investigation/Fraud	

*Please list work experience below:*

	Employer	Dates of Employment	Title/Position Held	Type of Work Performed
1.				
2.				
3.				
4.				
5.				

### 4. CONTINUING PROFESSIONAL EDUCATION (CPE) FOR THE CREDENTIAL

*I agree to obtain 80 hours of Continuous Professional Education (CPE) credits in each two-year period starting with the calendar year after the year the credential is received, with a minimum of 20 hours directly related to auditing.*

Signed		Date	
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### 5. STATEMENT OF ACKNOWLEDGMENT

*I have an understanding and working knowledge of recognized standards in the field of auditing and/or accounting for the industry that I am working in.*

Signed		Date	
Standards Followed			

## CERTIFIED PUBLIC SAFETY AUDITOR (CPSA) DESIGNATION – WAIVER APPLICATION

### 6. APPLICATION CERTIFICATION

I, \_\_\_\_\_, certify that all of the information presented on this application is  
{PRINT NAME}

accurate and I am an PSAA member in good standing and will actively uphold the PSAA mission statement.

<b>Signed</b>		<b>Date</b>	
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### PLEASE ENCLOSE THE FOLLOWING DOCUMENTATION WITH YOUR APPLICATION WAIVER:

- 1) Proof of listed certifications
- 2) Proof of listed degrees earned
- 3) Proof of listed training courses completed
- 4) Check for \$150.00 Waiver Application Fee

### END OF EXEMPTION PERIOD

In order to be considered for exemption from the certifying examination, qualified applicants must have their application at the PSAA office no later than the end of business on September 30, 2017.

Please submit a check/money order for **\$150** with your Waiver Application. Your payment will be returned if your Waiver Application does not meet the requirements for the Certified Law Enforcement Auditor designation as determined by PSAA's Board of Directors. Make check payable to **EPAC, LLC**.

Mail application & payment to:

*Public Safety Auditors Association*  
880 Hampshire Road, Suite #X  
Thousand Oaks, CA 91360  
E-mail: [info@elitepacllc.com](mailto:info@elitepacllc.com)