

SOFTWARE CERTIFICATIONS RECERTIFICATION JOURNAL  
Recertification Activity Reporting Form  
CATEGORY F ADDENDUM – UNIQUE AND INNOVATIVE ACTIVITIES  
INSTRUCTIONS

**General Instructions**

- A. **Forms must be mailed.** Faxes are *not* accepted. Certified mail is strongly recommended. Software Certifications, 7575 Dr. Phillips Blvd., Suite 350, Orlando, FL 32819-7273 USA
- B. **Receipt is NOT acknowledged.** Do NOT contact Software Certifications to confirm receipt of your Recertification Journal. If receipt confirmation is desired, use a shipping or postal service that offers package tracking and/or signature receipts.
- C. **Include required attachments.** The documentation necessary to support the information on the Software Certifications web site and in the instructions below. It is the certificant's responsibility to assure that all needed supporting documentation is included with the submitted form.
- D. **Use as many forms as needed.** Space is provided on the form to report a single activity. One form should be used to report each activity in the category being reported for CPE credit.
- E. **Materials are NOT returned.** Forms and attachments in the Recertification Journal are NOT returned to the candidate, even if the submission is rejected. Candidates should keep copies of all materials and forms submitted in case resubmission for correction or replacement is required.
- F. **Attach to the appropriate Recertification Activity Reporting Form.** This addendum form cannot be used alone. It must be attached to the specific *Recertification Activity Reporting Form* being used to claim CPE credits for this unique and innovative activity.
- G. **Omit instruction pages.** Recertification submissions should *not* include any instruction pages.

**Specific Form Items**

1. **Certificant Name.** Provide the full name of the certificant as it currently appears in Software Certification records.
2. **Certification.** Circle the appropriate certification for which this form is being submitted, and provide your specific certification number. DO NOT USE A SINGLE FORM TO REPORT AN ACTIVITY AGAINST MORE THAN ONE CERTIFICATION.
3. **Additional Activity Description.** Because the specifics of the activity are important for verifying the uniqueness or innovativeness of an activity, please provide additional supporting detail regarding the activity. This might include who was involved, the roles people played, how the effort was communicated, what resources were required, etc. Include anything that will help the recertification assessors better understand the actual activity. Attach additional materials as needed.
4. **Why should this activity be considered unique and innovative for a software quality professional?** Explain why you feel that this activity is unique and innovative. The most common reason that activities are rejected in this category is because, while the activity might be considered unique within the certificant's organization because of low maturity or poor practices, the actual activity is something that many software quality professionals would attempt in many organizations (e.g. conducting an SEI CMM internal assessment, instituting a lifecycle committee, etc.). The activity should be unique in our profession, not just your organization.
5. **Did you receive a raise as a result of this activity?** Circle YES or NO. If yes, one of the two required testimonials must confirm this.
6. **Did you receive a promotion as a result of this activity?** Circle YES or NO. If yes, one of the two required testimonials must confirm this.
7. **Was this activity written up in an internal company publication or newsletter?** Circle YES or NO. If yes, attach a photocopy.
8. **Was this activity noted or written up in the external press or media?** Circle YES or NO. If yes, attach a photocopy.
9. **References.** Provide the names of the two individuals whose testimonial letters are attached, and identify your relationship to each of them relevant to this activity (e.g. my co-worker, my supervisor, my customer, my supplier).
10. **Signature & Date.** Sign and date the form.

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1. Certificant Name <i>{Last, First, MI}</i>			
2. Certification:    CSQA    CSTE    # _____ <i>{Circle one designation and provide certificate number}</i>			
3. Additional Activity Description			
4. Why should this activity be considered unique or innovative for a software quality professional?			
5. Did you receive a raise (in salary or contract rate) as a result of this activity?	YES	NO	<i>{circle one}</i>
6. Did you receive a promotion as a result of this activity?	YES	NO	<i>{circle one}</i>
7. Was this activity written up in an internal company publication or newsletter?	YES	NO	<i>{circle one}</i>
8. Was this activity noted or written up in the external press or media?	YES	NO	<i>{circle one}</i>
9. References. Name the two individuals whose testimonial references are attached to this form, and describe your relationship to them.			
Testimonial #1: Name: _____ Relationship: _____			
Testimonial #2: Name: _____ Relationship: _____			
By signing below, I state that the information regarding the activity described on this form is complete and accurate. To the best of my knowledge, the activity described is consistent with all Software Certifications program guidelines for reporting recertification activities in Category F – Unique and Innovative Activities. The activity described was not a regular and expected responsibility or component of my employment, and it was unique and innovative for our profession. All supporting documentation needed to evaluate this activity is attached to this form and I grant permission for Software Certifications to verify the information contained on this form, and in any supporting documentation. If this item is rejected, I will make timely corrections and refile according to instructions received from Software Certifications. I understand that willfully submitting false recertification activities would be a violation of the Software Certifications Code of Ethics, and that the loss of my certification would be the result.			
10a. Signature			10b. Date

Print or type legibly. Attached additional pages, if needed, to complete any of the above items. Also add any required supporting documentation. Staple all such additions and documentation to this form when adding this activity to your recertification journal package.