

EDUCATION SPONSOR EVALUATION



The Loss Prevention Foundation LPC Recertification 700 Matthews Mint Hill Road, Suite C Matthews, NC 28105 Fax: (704) 365-1026 Email: support@losspreventionfoundation.org	Information: The LPF publishes all recertification information on our website: www.losspreventionfoundation.org If you have any questions, contact us at: (585) 924-3247
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ORGANIZATIONAL POINT OF CONTACT

* Name:	* Email:		
Position Title:	Phone:	Extension:	
Sponsoring Organization and Mailing Address:			

SERVICES DESIRED (check all that apply)

<input checked="" type="checkbox"/> Have LPF Evaluate an event for CEUs	<input checked="" type="checkbox"/> Evaluate an Education Provider and its education suite
<input checked="" type="checkbox"/> Use LPF Logo on literature for qualified events	<input checked="" type="checkbox"/> Create a LPF link to Education Provider's courseware
<input checked="" type="checkbox"/> Have LPF announce a qualified event in LPC Certified Professional's LinkedIn Group (* please attach or email the announcement. LPF reserves the right to change the wording slightly.)	<input checked="" type="checkbox"/> Create a LPF link to Education Provider's specific event
	<input checked="" type="checkbox"/> Create header graphics on all LPF web pages to Education Provider event.
<input checked="" type="checkbox"/> Have LPF create and send a LPF CEU certificate for event use.	<input checked="" type="checkbox"/> Have LPF mention Education Provider or Education Provider's specific opportunity in an LPF newsletter.
<input checked="" type="checkbox"/> Other:	

SELECT EVALUATION PURPOSE (check one)

<input checked="" type="checkbox"/> Application for Event Accreditation (* fill blue sections below as well as all gray sections)	<input checked="" type="checkbox"/> Application for Educational Provider Evaluation (* fill green sections further below as well as all gray sections)
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EVENT EVALUATION SECTION

* Name of Event:			
Event Location (if not online):			
Event Start Date: ____/____/____	Start Time: ____ AM / PM	Event End Date: ____/____/____	Start Time: ____ AM / PM

EVENT FOCUS (check all that apply)

<input checked="" type="checkbox"/> Retail Loss Prevention	<input checked="" type="checkbox"/> Retail Business	<input checked="" type="checkbox"/> Logistics	<input checked="" type="checkbox"/> Risk Management
<input checked="" type="checkbox"/> Safety	<input checked="" type="checkbox"/> Ethics	<input checked="" type="checkbox"/> Litigation	<input checked="" type="checkbox"/> Information Security
<input checked="" type="checkbox"/> Human Resources	<input checked="" type="checkbox"/> Operational Security	<input checked="" type="checkbox"/> Physical Security	<input checked="" type="checkbox"/> Human Communications
<input checked="" type="checkbox"/> Interview/Interrogation	<input checked="" type="checkbox"/> Forensics	<input checked="" type="checkbox"/> Labor Relations	<input checked="" type="checkbox"/> Other:

EVENT DESCRIPTION

Please attach Event Description (Outline of presentations, discussions, schedule, purpose etc. (this can also be supplied in the form of an attached Outline/Agenda/Brochure or web address):

EDUCATION PROVIDER SECTION

<input checked="" type="checkbox"/> Are You Willing to be Interviewed?	<input checked="" type="checkbox"/> Are Willing to Give References?
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EDUCATION PROVIDER FOCUS (check all that apply)

<input checked="" type="checkbox"/> Retail Loss Prevention	<input checked="" type="checkbox"/> Retail Business	<input checked="" type="checkbox"/> Logistics	<input checked="" type="checkbox"/> Risk Management
<input checked="" type="checkbox"/> Information Security	<input checked="" type="checkbox"/> Safety	<input checked="" type="checkbox"/> Litigation	<input checked="" type="checkbox"/> Human Communications
<input checked="" type="checkbox"/> Human Resources	<input checked="" type="checkbox"/> Ethics	<input checked="" type="checkbox"/> Physical Security	<input checked="" type="checkbox"/> Operational Security
<input checked="" type="checkbox"/> Interview/Interrogation	<input checked="" type="checkbox"/> Forensics	<input checked="" type="checkbox"/> Labor Relations	<input checked="" type="checkbox"/> Other:

EDUCATION PROVIDER DESCRIPTION

[] Please attach an In Depth Organization Description (length of business, key customers, awards, courseware through time.) (this can also be supplied in the form of an attached Outline/Agenda/Brochure or web address):

[] Please attach a Courseware Portfolio Description, Educational Philosophy, Training Methods, Delivery Methods, and Value etc.) (this can also be supplied in the form of an attached Outline/Agenda/Brochure or web address):

INSTRUCTIONS AND NOTES:

- . Please allow up to 2 weeks to evaluate your application.
- . Make sure to keep a copy of this submission for your records.
- . When finished, please mail, fax or email everything to the Loss Prevention Foundation (refer to top of first page for addresses).
- * **PLEASE VERIFY THAT ALL MANDATORY INFORMATION IS COMPLETE.** Fill all gray sections. Fill blue sections for Event Evaluation. Fill green sections for Education Provider Evaluation.

AUTHENTICATION

I/We authorize the LPF to verify the information provided on this form. I/We certify that the information submitted herein is true and accurate, to the best of knowledge.

We have read, understand, and agree to the reciprocal arrangement for [] **Event Provider** or for [] **Education Provider** as described on the LPF website. <http://www.losspreventionfoundation.org/recertification-provider-retail-loss-prevention.html>). We agree to provide those arrangements within 5 days of approval (for event providers) and within 4 weeks (for education providers) as does the LPF agree to provide qualifying services.

Printed Name of Organization Representative: _____

Signature of Organization Representative: _____

Date: _____

