



Certified Student Travel Professional Candidate Application Form INITIAL & RENEWAL APPLICATION

To enroll in the CSTP program, for initial and renewal, please complete this form and return to SYTA by:
Fax: 703-610-0270 or e-mail: center@syta.org

***Please note this form and the fees are only for the CSTP program registration. There are additional forms and costs for fulfilling education requirements. For more information visit the [CSTP](#) section on the SYTA website.**

Name _____ Job Title/Position _____

Company Name _____

Company Address _____

City _____ State/Province _____ Country _____ Zip/Postal Code _____

Phone _____ Email _____

Registration fee is required with application with balance due within one year. If you prefer to pay the entire payment at time of application, please put the entire amount in the authorization line below.

| REGISTRATION FEES | Pay in Full | Deposit |
|-------------------------------|--------------------------------|---|
| Renewal Certification - \$295 | <input type="checkbox"/> \$295 | <input type="checkbox"/> \$50 (balance due will be \$245) |
| Initial Certification - \$595 | <input type="checkbox"/> \$595 | <input type="checkbox"/> \$50 (balance due will be \$545) |

PAYMENT INFORMATION

(Payment in must accompany application in US dollars)

TOTAL ENCLOSED \$ _____

- Bill Me
- Check Payable to "SYTA"
 Mail to: 2231 Crystal Drive, Suite 204, Arlington, VA 22202
- Credit Card (American Express, Discover, VISA or MasterCard)

Card Number _____ Exp. Date _____

Cardholder Name _____

Signature _____ Date _____



CSTP Code of Conduct

By applying for the SYTA professional certification, I agree to abide by the following code of conduct at all times. Furthermore, I understand that I have a responsibility to all those who use my professional services. This includes customers, contracted partners, and all others who rely on the performance of my duties. By signing this code of conduct, I agree to:

1. Uphold the integrity and honor of my profession to promote the continual development of the student and youth travel industry.
2. Exercise caution to never misrepresent the CSTP certification, my company, or the Student and Youth Travel Association (SYTA).
3. Conduct my professional affairs in a manner that avoids a conflict of interest or the appearance of a conflict of interest. If I become a party to a conflict, or the appearance of a conflict is created, I shall inform my supervisor as soon as possible or remove myself from the situation.
4. Conduct my personal and business affairs in a manner that does not damage the reputation of my employer or the reputation of my company.
5. Ensure confidentiality of information within my company and with my clients.
6. Continually work to develop and build my knowledge and understanding of the student and youth travel industry.

By signing below, I acknowledge that I have read and understand the SYTA's CSTP certification code of conduct and I wish to apply for certification. I attest that all information that I have provided on this application is truthful and correct. I further agree to abide by the code of conduct and program requirements as long as I remain a Certified Student Travel Professional.

Printed Name _____

Signature _____

Date _____