

Summary of Recertification Points Form



Certified Fire Protection Specialist

Please mail this completed form to:

**CFPS
C/O NFPA Certification Department
1 Batterymarch Park
Quincy, MA 02169**

*See note below regarding supporting documentation.

Telephone: 617-984-7484 Fax: 617-984-7127 Email: cfps@nfpa.org

Web Page: www.nfpa.org/certification

Please indicate below the address for which you would like to receive correspondence.

Name _____ Certificate # _____ Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Check if this is a change of address Current Certification Period Ending _____
Month/Year

Check if you DO NOT wish to be listed on the official CFPS Web Site Membership Directory

**Note: Credit is permitted only for those points earned during the three-year recertification period. You must document at least fifty (50) points in accordance with the Recertification Requirements Table to maintain certification. Do not submit documentation of your points at this time. However, it is important that you maintain your documentation in the event you are selected for a random audit. You will then be required to provide this documentation.*

Category	Points Claimed

TOTAL POINTS CLAIMED *(Total from all categories)* _____

I attest that the above claimed points are accurate and reflect my professional development during the recertification period. I understand that I need to maintain documentation of these points for possible submission in the event I am audited.

Name

Date