

Certified Emergency Power Systems Specialist (CEPSS-HC) for Health Care Facility Managers Program Application

NFPA Certification Department
1 Batterymarch Park, Quincy, MA 02169
(P) 1-617-984-7509
Web Page: www.nfpa.org/cepsshc



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IF YOU ARE PAYING BY CREDIT CARD, PLEASE STOP AND CLICK ON THE FOLLOWING LINK: <https://www.nfpa.org/cepsshcapply>

IF YOU ARE PAYING BY CHECK PLEASE CONTINUE

APPLICANT NAME: _____

(As name will be printed on certificate)

BUSINESS INFORMATION:

Business Name: _____ E-mail: _____

Business Mailing Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Business Phone: _____ Mobile Phone: _____

Work Field / Job Description: Please check the most appropriate box or boxes.

- | | | |
|--|---|---|
| <input type="checkbox"/> Electrician | <input type="checkbox"/> Contractor / Installer | <input type="checkbox"/> Engineer / Designer |
| <input type="checkbox"/> Fire Prevention / Pub Ed. | <input type="checkbox"/> Fire Protection / Consulting | <input type="checkbox"/> Loss Control / Risk/Safety Mgmt. |
| <input type="checkbox"/> Architect | <input type="checkbox"/> Facilities Manager | <input type="checkbox"/> Inspector / Bldg. Official |

Job Title (if other than above) _____

HOME INFORMATION:

Home E-mail: _____

Home Mailing Address: _____

City: _____ State: _____ Country: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

Note: The CEPSS-HC exam is available on demand as a computer-based test at assessment centers throughout the world. Upon receipt of this CEPSS-HC program application and your test fee, the NFPA will mail your authorization letter with instructions on how to schedule the computer-based exam. A list of computer-based test centers is located at the test administrator's website at <https://proscheduler.prometric.com/scheduling/searchAvailability>.

Please attest to the following:

I have attained the minimum of a high school diploma or equivalent education
I, _____, certify that all information contained in this application, is accurate and truthful, to the best of my knowledge, and that I am aware that any false entry will be considered sufficient cause for revocation of my certification at any time during the certification term. I agree to be bound by and to adhere to all written policies and procedures of the certification program to which I am herewith applying, and I understand that at any time during the term of certification any improper conduct on my behalf will result in my certification being revoked. I understand that the certification examination that I will take as prerequisite to certification is confidential and is protected by federal copyright and other intellectual property and trade secret laws. I understand and agree that I will strictly preserve the confidentiality of the examination and that I am prohibited from copying or distributing the examination or from transmitting information regarding examination questions or content in any form, written or oral, to any person or entity. I further understand that my failure to comply with this prohibition may result in my certification being permanently revoked and/or legal action being taken against me. I agree to accept the decision of the NFPA as to my eligibility for certification. I authorize verification of all information in this application. I also hereby release the NFPA and all of its agents, employees, officers, directors, heirs, and assigns from any liability arising whatsoever from or in connection with any action taken or decision made with regard to the awarding, suspension or revocation of my certification. I acknowledge and agree that the NFPA shall have the right to revoke or invalidate any examination score, with or without finding of fault or misconduct on my part, if data forensic analysis or other credible evidence establishes a reasonable possibility that a score is not valid or that the integrity or security of the examination was compromised.

SIGNATURE: _____ **DATE:** _____

Electronic Signature agreement: In lieu of signature, you agree that typing your name on the line above is the legal equivalent of your manual signature on this application.

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Payment Information

\$350 USD Computer-based testing fee

Total Amount Enclosed \$ _____

Check. ***(Please make checks payable to NFPA Certification Department and mail to NFPA, Attn: Certification Dept, 1 Batterymarch Park, Quincy, MA 02169-7471)***

Note: the 2012 edition of *NFPA 99, Health Care Facilities Code*, and the 2010 editions of *NFPA 110, Standard for Emergency and Standby Power Systems* and the *NFPA 111, Standard on Stored Electrical Energy Emergency and Standby Power Systems*, are available for ordering through the NFPA printed catalog, on the Web at www.nfpa.org/catalog, or by phone at 1-800-344-3555.