

CERTIFIED HAZARD RECOGNITION SPECIALIST (CHRS)  
**SUMMARY OF RECERTIFICATION POINTS FORM**  
**Certified Hazard Recognition Specialist (CHRS) Program**

<b>NFPA Admin. &amp; Support Services</b> 11 Tracy Drive Avon, MA 02322 <a href="mailto:admins@nfpa.org">admins@nfpa.org</a>		<b>For Internal Use Only</b> Date Received: _____ Database: _____ Payment Rcvd: _____
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Name: \_\_\_\_\_ Certificate # \_\_\_\_\_ Certificate Date: \_\_\_\_\_

Address: \_\_\_\_\_ Business: \_\_\_\_\_ Residence: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Category	Points Claimed
Participation in Life Safety Training	
Professional Membership	
<b>Total</b>	

**Instructions:**

1. Collect documentation for your 10 points of professional development. Refer to the *Recertification Requirements Table* for information regarding the categories and point allotments.
2. Complete this *Summary of Recertification Points Form*, and submit it along with the recertification fee to NFPA Admin. & Support Services.

**IMPORTANT:**

Do not submit documentation of your recertification points at this time. NFPA conducts random audits for recertification documentation. It is important that you maintain your documentation in the event that you are selected for a random audit. If you are selected, you will then be required to provide this documentation.

When emailing this application to NFPA, you must use the NFPA secure email server at <https://web1.zixmail.net/s/welcome.jsp?b=nfpa>. Once you access this server and create your NFPA secure email account, you should select OTHER from the "To" pull-down list, and then enter [admins@nfpa.org](mailto:admins@nfpa.org) in the address box. Complete the email process by attaching your personal documentation and clicking "Send."

- \$150 (USD) Recertification Fee
- Check. *(Please make checks payable to NFPA Certification Department)*
- Credit Card:  MasterCard  VISA  Discover  American Express

Credit Card #: \_\_\_\_\_ Card Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**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. By Selecting the Credit Card button above and entering your name in the signature block, you authorize NFPA to charge your credit card the applicable fee(s).

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 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 I am prohibited from transmitting information regarding examination questions or content in any form to any person or entity, and understand that failure to comply with this prohibition may result in my certification being 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 release all concerned from any liability arising from this application or certification.

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.



**Certified Hazard Recognition Specialist (CHRS)**

**RECERTIFICATION POINTS FORM**

Name: \_\_\_\_\_ Certificate #: \_\_\_\_\_

Professional/Work Development Category	# of Points	Description
Sum Total Points Here >>		



## NFPA CERTIFIED HAZARD RECOGNITION SPECIALIST (CHRS) RECERTIFICATION REQUIREMENTS CHART (3-year cycle)

In order to maintain currency and relevancy with fire and life safety practices, certificate holders are required to submit a minimum of ten (10) points of documented professional development for recertification. The 10 points must be submitted during the 3-year recertification cycle and must be related to NFPA 101, *Life Safety Code*.

PROFESSIONAL DEVELOPMENT CATEGORY	POINT ALLOTMENT	MINIMUM POINTS	MAXIMUM POINTS	REQUIRED DOCUMENTATION*
Participation in training related to NFPA 101, <i>Life Safety Code</i>	1 point per contact hour 1 CEU = 10 contact hours	7	10	Copy of Certificate, letter from presenter, or description of training with letter from supervisor
Membership in a related industry association	1 point per year	0	3	Copy of membership showing active status during the three year term (not limited to NFPA membership)

Note: *NFPA reserves the right to alter any recertification requirements as deemed necessary*

### \*DOCUMENTATION

Reasonable proof of attendance/participation in the described categories will be accepted. Reasonable proof includes copies of agendas, rosters, or other descriptive program materials which have been signed and dated by the presenter/sponsor indicating the certificate holder's attendance. The certificate holder is required to sign the descriptive materials as an attestation of their attendance.