

# Certified Life Safety Specialist (CLSS-HC) for Health Care Facility Managers Program

## SUMMARY OF RECERTIFICATION POINTS FORM

<b>NFPA Admin. &amp; Support Services</b> 11 Tracy Drive, Avon, MA 02322 Email: <a href="mailto:admins@nfpa.org">admins@nfpa.org</a> Web Page: <a href="http://www.nfpa.org/clss">www.nfpa.org/clss</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:** \_\_\_\_\_  
**Tel #:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

Category	Points Claimed
Participation in Training	_____
Association 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 the NFPA Certification Department.

**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 secure email account, select OTHER from the "To" pull-down list, and 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 #: \_\_\_\_\_ 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.



# CLSS-HC RECERTIFICATION POINTS FORM

Name:

Certificate #:

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



# NFPA CERTIFIED LIFE SAFETY SPECIALIST (CLSS-HC) for Health Care Facility Managers RECERTIFICATION REQUIREMENTS CHART (3-year cycle)

In order to maintain currency and relevancy with life safety challenges in a health care environment, 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 fire protection and life safety in the health care environment.

PROFESSIONAL DEVELOPMENT CATEGORY	POINT ALLOTMENT	MINIMUM POINTS	MAXIMUM POINTS	REQUIRED DOCUMENTATION*
Participation in a training seminar related to the NFPA Life Safety Code®	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
Association Membership of Certificate Holder	1 point per association membership per year	0	3	Copy of membership showing active status for the three year term

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

NFPA offers numerous NFPA 101®, Life Safety Code® training options. To register, go to [www.nfpa.org/catalog](http://www.nfpa.org/catalog) and click on the “training” tab, or call NFPA toll free at 1-800-344-3555.

### \*DOCUMENTATION

Reasonable proof of attendance/participation in the described categories will be accepted. Reasonable 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.

NFPA shall grant one (1) point toward recertification per full year served on the CAG. These points will apply in the Training/Professional Development Seminars and Conferences category, state the years as part of NFPA’s CAG in the “Description” column of the CLSS-HC Recertification Points Form