

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

NFPA Admin. & Support Services
11 Tracy Drive
Avon, MA 02322
Email: adminsvcs@nfpa.org



For Internal Use Only
Date Received: _____
Database: _____
Payment Rcvd: _____

SUBMIT CREDIT CARD PAYMENT ONLINE AT: <https://www.nfpa.org/clsshcapply>

IF YOU ARE PAYING BY CHECK PLEASE CONTINUE

IMPORTANT NOTE – To all Centers for Medicare and Medicaid Services (CMS) surveyor candidates: CMS requires Life Safety Code Surveyor candidates pass the NFPA Certified Fire Inspector – I (CFI-I) exam not the CLSS-HC exam.

APPLICANT NAME: _____

BUSINESS INFORMATION

Business Name: _____ **Email:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Business Phone: _____ **Mobile:** _____

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

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Home Email: _____

Phone: _____ **Mobile:** _____

Note: The CLSS-HC exam is available on demand as a computer-based test at assessment centers throughout the world. Upon receipt of this CLSS-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 www.isoqualitytesting.com.

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.

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

Payment Information

\$350 USD Computer-based testing fee

Total Amount Enclosed \$ _____

Check.

- *Make checks payable to NFPA Certification Department*
- *Mail to: NFPA, Admin. & Support Services, 11 Tracy Drive, Avon, MA 02322*

Note: the 2012 edition of the **NFPA 101®**, **Life Safety Code®** and the **NFPA 101®**, **Life Safety Code® Handbook**, are available for ordering through the NFPA printed catalog, on the Web at www.nfpa.org/catalog (in the NFPA 101® section), or by phone at 1-800-344-3555.