

Certified Wildfire Mitigation Specialist (CWMS) Program SUMMARY OF RECERTIFICATION POINTS FORM

NFPA Certification Department
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 (P) 617-984-7495
 Email: cwms@nfpa.org



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

Name: _____ Certificate #: _____ Certificate Date: _____
 Address: _____ Business _____ Residence _____
 City: _____ State/Province: _____ Zip Code: _____
 Tel #: _____ Mob #: _____ Email: _____

Category	Points Claimed
Professional practice	
Association membership	
Instruction provided	
Publication	
Training	
Total	

Instructions:

1. Collect documentation for your 60 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](#). Once you access this server and create your secure email account, select OTHER from the "To" pull-down list, and enter cwms@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.

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**NFPA CERTIFIED WILDFIRE MITIGATION SPECIALIST
RECERTIFICATION REQUIREMENTS CHART (3-year cycle)**

In order to maintain currency and relevancy in wildfire mitigation, certificate holders are required to submit a minimum of sixty (60) points of documented professional development for recertification. The 60 points must be submitted during the 3-year recertification cycle and must be related to wildfire mitigation.

DEVELOPMENT CATEGORY	POINT ALLOTMENT	MIN. POINTS	MAX. POINTS	REQUIRED DOCUMENTATION*
Training received by certificate holder	1 point per contact hour	15	60	Certificate copy, letter from presenter or description with a letter from supervisor
Professional Practice of Certificate Holder	1 point per hour dedicated to a home assessment or CWPP	0	30	Letter from employer or supervisor stating the number of assessments or CWPP and hours dedicated to each.
Association Membership of Certificate Holder	1 point per related membership per year	0	3	Copy of membership certificate for period covered
Instruction provided by Certificate Holder	2 points per contact hour	0	30	Letter from employer stating the type of instruction provided
Publication by Certificate Holder	5 points per article 10 points per book	0	10	Copy of article or title page showing author

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 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.

