

Certified Fire Protection Specialist (CFPS) Program Application

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| <p>NFPA Certification Department 1 Batterymarch Park, Quincy, MA 02169 (P) 1-800-597-6481 x7495 Web Page: www.nfpa.org/certification</p> |  | <p style="color: blue;">For Internal Use Only</p> <p>Date Received: _____</p> <p>Database: <input type="checkbox"/> Pmt. Received: <input type="checkbox"/></p> <p>Meets Eligibility Criteria: <input type="checkbox"/></p> |
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(TYPE OR PRINT ALL INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED)

APPLICANT NAME: _____ (As will be printed on certificate)

E-mail: _____

Home Mailing Address: _____

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

Home Phone: _____ **Mobile Phone:** _____

PLEASE SELECT only ONE OF THE FOLLOWING CFPS EXAM OPTIONS

- COMPUTER BASED TEST:** The CFPS examination is available on demand as a computer-based test at test assessment centers throughout the World. Upon receipt of the CFPS examination application and test fee, the applicant will receive their 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: www.isoqualitytesting.com.

- PAPER AND PENCIL (P&P) FORMAT:** The CFPS examination is also offered in paper & pencil format. *Please submit application at least 4 weeks prior to test date.*

SEE NFPA’s WEBSITE FOR UPCOMING P&P EXAM DATES and specify below.

DATE: _____ **LOCATION:** _____

Please check the following box if you will need special accommodation for handicap or disability:

- I require special accommodations** for testing due to sensory, visual, orthopedic, or other handicaps that will prevent me from taking the examination under standard conditions. I understand that I provide a separate written request for special accommodation with this application and that I may be required to provide supporting documentation from healthcare professionals. (See page 6 of the Applicant Handbook for policy details)

CURRENT EMPLOYMENT

Company Name: _____ **Dates of Employment** _____ to present

Company Address: _____

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

Business Phone: _____ **Mobile Phone:** _____ **Email:** _____

Title: _____ **Field of Expertise:** _____

Supervisor’s Name (Print): _____ **Title:** _____

I verify that _____ is performing the duties and responsibilities as identified above.

Signature of Supervisor or Human Resources Contact _____ **Date:** _____

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VERIFICATION OF ELIGIBILITY CRITERIA

Candidates must meet one of the following criteria to be eligible to take the CFPS examination. **(Select One)**

1. High school diploma, plus six years of verifiable work experience dedicated to curtailing fire loss, both physical and financial. **Resume REQUIRED.**

2. Associate's degree in engineering, technology or other related discipline from an accredited college or university, plus four years verifiable work experience dedicated to curtailing fire loss, both physical and financial.

Copy of College Diploma or Transcript AND Resume REQUIRED.

3. Bachelor's degree in engineering, technology, or other related discipline from an accredited college or university, plus two years of verifiable work experience dedicated to curtailing fire loss, both physical and financial.

Copy of College Diploma or Transcript AND Resume are REQUIRED.

The CFPS Practice Examination (Item # CFPSPE) can be purchased from NFPA Customer Sales at 800-344-3555 or online from the NFPA Online Catalog at www.nfpa.org.

IMPORTANT: When emailing this application to NFPA, [you must use the NFPA secure email server](#). 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 cfps@nfpa.org in the address box. Complete the email process by attaching your personal documentation and clicking "Send."

PAYMENT INFORMATION **Certification Exam Fee: \$350.00** **Amount Enclosed \$** _____

- 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: _____

AFFIRMATION AND AUTHORIZATION: I agree to inform and release to the CFPS or its agents all pertinent information related to situations that arise in connection with my application and/or certification, both now and in the future. I understand the CFPS reserves the right to verify any and all information in this application or in connection with my certification. Therefore, I understand and agree that my failure to provide accurate, true and correct information, respond to authorized CFPS requests for additional information, or abide by CFPS policies, procedures or Code of Conduct and Ethics shall constitute grounds for rejection of my application or denial or revocation of my certification. I understand the demographic information provided on this application is confidential and will be used for aggregate purposes only. 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 acknowledge and agree that the NFPA CFPS office shall have the right to revoke or invalidate any examination score, with or without a 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. 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 understand that my name, address and contact information will become part of the public CFPS Registry upon

- Yes, list me in the online CFPS registry (this is the common choice)**
 No, DO NOT list me in the online CFPS registry (this is not common)