

## CFPS Re-Test Application

**Email completed application to:**

[CFPS@nfpa.org](mailto:CFPS@nfpa.org)

NFPA Certification Department  
1 Batterymarch Park, Quincy, MA 02169  
(P) 1-800-597-6481 x7509 (F) 617-984-7127  
Web Page: [www.nfpa.org/certification](http://www.nfpa.org/certification)

**For Internal Use Only**

Date Received: \_\_\_\_\_

Database:  Pmt. Received: Meets Eligibility Criteria: 

**(TYPE OR PRINT ALL INFORMATION; INCOMPLETE APPLICATIONS WILL BE RETURNED)**

APPLICANT NAME: \_\_\_\_\_ (As will be printed on certificate)

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

If your address or employment information has changed since your initial application, please update with the CFPS office.

**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](http://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)

**PAYMENT INFORMATION**      **Retest Fee: \$175.00**      *Amount Enclosed \$* \_\_\_\_\_

**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](mailto:cfps@nfpa.org) in the address box. Complete the email process by attaching your personal documentation and clicking "Send."

- 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 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 understand that my name, address and contact information will become part of the registry of the CFPS upon successful completion of the examination, unless I specifically request that my name not be released. 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) \_\_\_\_\_