

Summary of Recertification Points Form

Certified Fire Protection Specialist



Please mail, fax or scan & email this completed form to:

CFPS

c/o NFPA Certification Department

1 Batterymarch Park

Quincy, MA 02169

Fax: 617-984-7127 Email: cfps@nfpa.org

Telephone: 617-984-7484 Web Page: www.nfpa.org/certification

*See note below regarding supporting documentation.

Please indicate below the address for which you would like to receive correspondence.

Name _____ Certificate # _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____ Email _____

Check if this is a change of address Recertification Period Ending _____
Month/Year

Check if you **DO NOT** wish to be listed on the official CFPS Web Site Membership Directory

**Note: Credit is permitted only for those points earned during the three-year recertification period. You must document at least fifty (50) points in accordance with the Recertification Requirements Table to maintain certification.*

Do not submit documentation of your points at this time. However, it is important that you maintain your documentation in the event you are selected for a random audit. You will then be required to provide this documentation.

Category	Points Claimed

TOTAL POINTS CLAIMED *(Total from all categories)* _____

I attest that the above claimed points are accurate and reflect my professional development during the recertification period. I understand that I need to maintain documentation of these points for possible submission in the event I am audited.

Name

Date

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*See note below regarding supporting documentation.

Please indicate below the address for which you would like to receive correspondence.

Name Joseph Jones Certificate # 0000000

Address 300 ABC Street

City East York State PA Zip Code 02222-3412

Telephone 888-324-9104 Fax 888-324-9105 Email jjones.org

Check if this is a change of address Recertification Period Ending November 30, 2002
Month/Day/Year

Check if you **DO NOT** wish to be listed on the official CFPS Web Site Membership Directory

**Note: Credit is permitted only for those points earned during the three-year recertification period. You must document at least fifty (50) points in accordance with the Recertification Requirements Table to maintain certification.*

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Category	Points Claimed
Professional Practice	36
Training-Prof. Dev. Seminar	2
College Credit Courses	12
Teaching a Seminar	2
Membership in Fire Safety Org.	6

TOTAL POINTS CLAIMED (*Total from all categories*)

58

I attest that the above claimed points are accurate and reflect my professional development during the recertification period. I understand that I need to maintain documentation of these points for possible submission in the event I am audited.

(Signature here) _____

(Date submitted here) _____

Name

Date

Approved by the CFPS Board of Directors - 5/19/02