

Certified Fire Protection Specialist (CFPS) Program Application

Email completed application and documentation to:

adminsvcs@nfpa.org

NFPA Admin & Support Services
11 Tracy Drive
Avon, MA. 02322



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 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 5 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 or equivalent, plus SIX years of verifiable work experience dedicated to curtailing fire loss, both physical and financial.

Resume REQUIRED.

2. Associate's degree in a Fire Protection-related discipline from an accredited college or university, or a Bachelor's or Master's degree in any unrelated field; plus FOUR years of verifiable work experience dedicated to curtailing fire loss, both physical and financial.

Copy of College Diploma or Transcript AND Resume REQUIRED.

3. Bachelor's or Master's degree in a Fire Protection-related discipline from an accredited college or university, including degrees in engineering fields that are applied to the practice of fire protection; 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 online from the NFPA Online Catalog at www.nfpa.org.

PAYMENT INFORMATION Certification Exam Fee: \$350.00

You can pay by credit card or check. For your security, credit card payments can only be made online at the [CFPS Online Services Portal](#). If you no longer have your username and password to log in there, please contact NFPA Admin & Support Services at adminsvcs@nfpa.org.

- I am paying online at the [CFPS Online Services Portal](#)
 I am paying by check. **(made payable to NFPA Certification Department)**

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) _____

I understand that my name, address and contact information will become part of the public CFPS Registry upon successful completion of the examination, unless I opt out by checking the bottom box below.

(choose one)

- 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)

CERTIFIED FIRE PROTECTION SPECIALIST
CODE OF CONDUCT AND ETHICS DECLARATION

I recognize and acknowledge that obtaining the CFPS credential is a privilege that must be earned and maintained. The protection of life and property is a responsibility of the highest order. For this reason I agree to:

1. Place the safety and health of people, the protection of the environment and the protection of property above all professional interests.
2. Demonstrate integrity, honesty and fairness in all activities and strive for excellence in all matters of ethical conduct.
3. Maintain professional competence in all areas of employment responsibility. Undertake assignments only when qualified by education or experience in the specific technical fields involved.
4. Consistently maintain and improve professional competence regular assessment of skills, improve continuing education, experience and professional training.
5. Avoid deceptive acts which misrepresent academic or professional qualifications.
6. Avoid compromise of professional judgment by conflicts of interest.
7. Avoid unauthorized possession, distribution, discussion, or use of any confidential or proprietary CFPS testing or examination materials, including but not limited to: copying, transmitting, or reproducing in any medium any CFPS examination questions or test related materials; or disclosing to any others any examination questions or test related materials (**Note: all CFPS exam questions and related materials are proprietary and confidential unless they have been expressly released in writing by NFPA for use as training and review materials**).
8. Avoid any conduct that would undermine the value and integrity of the CFPS credential.
9. Issue public statements only in an objective and truthful manner and only when founded upon knowledge of the facts and competence of the subject matter.
10. Represent qualifications honestly and provide only those services qualified to perform.
11. Accept responsibility of maintaining the credential through recertification.
12. Act in a manner free of bias with regard to religion, ethnicity, gender, age, national origin or disability.
13. Uphold and follow all policies and procedures required to remain in good standing with the CFPS.

I understand that my failure to comply with these requirements could result in disciplinary action against me, up to and including revocation of the CFPS Certification, in accordance with the CFPS Policies. I also understand that NFPA retains rights and ownership over granted certificates, and in the event of revocation, withdrawal, or suspension of my certification, I will return my certificate to the NFPA CFPS Department.

Furthermore, I agree to immediately notify the NFPA CFPS department in the event I am for any reason unable to fulfil all certification requirements, or if I take on a position with any employer or participate in any activity that may constitute a Conflict of Interest with my role as a Certified Fire Protection Specialist.

Signature: _____ Date: _____

Printed Name: _____