

Eligibility Application For ENP Certification

Please fill in the following information as indicated.

NENA Member \$395

Non-Member \$475

Re-Certification \$ 275

Re-Examination \$130

Type of payment included:

Check enclosed – Made payable to: National Emergency Number Association (U.S. funds only)

Cashiers Check/Money Order

Organizational Check

Personal Check

Credit Card Payment

Visa

MasterCard

American Express

Acct. # _____

Exp. Date _____

Signature _____

Background Information

Name _____

Address _____

Phone _____

Fax _____

Email _____

Type of NENA Membership:

Public Sector Private Sector/Commercial Non-Member

Eligibility Requirements

In order to sit for the ENP Certification Exam, a candidate must meet the following experience criteria:

- A. Three years experience in Emergency Communications.

OR

- B. Three years experience with a commercial provider of Emergency Communications products and services.

Section 1. EXPERIENCE

Having satisfied the three-year minimum experience criterion, each additional year of experience (full-time equivalent) in Emergency Communications will count for two points, with a maximum of 10 points being granted.

TOTAL EXPERIENCE POINTS _____

Section 2. EDUCATION ATTAINMENT

Please indicate your level of education:

High School Degree 0 Points

Associate Degree 2 Points

Bachelor Degree 4 Points

Graduate Degree 6 Points

TOTAL EDUCATIONAL ATTAINMENT POINTS _____

Section 3. PROFESSIONAL DEVELOPMENT/SERVICE

Please indicate the number and title of NENA in-person courses completed. Each full-day course will earn 1 point. A maximum of 4 points will be granted.

Course _____ Pts. _____

Course _____ Pts. _____

Course _____ Pts. _____

Course _____ Pts. _____

Course _____ Pts. _____

The title of the state or national NENA office(s) you have held.

One (1) point will be granted for holding a chapter or national NENA office, with a maximum of 1 point being granted.

Title of Office _____ State _____ Pts. _____

The names of other professional certifications (e.g. CEM) that you hold. A certification will earn 1 point with a maximum of 1 point.

Name of Professional Certification _____

_____ Pts. _____

TOTAL POINTS _____

TOTAL ELIGIBILITY POINTS (10 points required)

Section 1. (Maximum of 10) _____

Section 2. (Maximum of 6) _____

Section 3. (Maximum of 6) _____

GRAND TOTAL _____

Please select desired test period:

Winter 2012 (Jan. 14-28, 2012) App. Deadline Dec. 12

Spring 2012 (April 7-21, 2012) App. Deadline Mar. 12

Summer 2012 (July 21-Aug. 4, 2012) App. Deadline June 25

Fall 2012 (Oct. 6-20, 2012) App. Deadline Sept. 10

Complete this application and the Testing Center Application for Emergency Number Professional Certification Examination and:

Send all paperwork and payments, accompanied by application to:

NENA, 1700 Diagonal Road, Suite 500, Alexandria, VA 22314
Credit card payments may also be faxed to NENA (202) 618-6370.

Questions? Please call NENA at (202) 466-4911.

Testing Center Application for Emergency Number Professional Certification Examination

Eligibility and Background Information

G. TOTAL YEARS OF EXPERIENCE IN ALL EMERGENCY COMMUNICATIONS:

- Less than 3 years 6 - 8 years
- 3 - 5 years 9 or more years

H. ARE YOU CURRENTLY CERTIFIED AS AN EMERGENCY NUMBER PROFESSIONAL?

- No Yes
- If yes, indicate month/year of expiration: ____/____*

I. ARE YOU CURRENTLY A MEMBER OF NENA?

- No Yes
- If yes, indicate type of membership:*
- Active Commercial
- NOTE: Membership is not required.*

J. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No Yes
- If yes, when and under what name?*
- Date: _____*
- Name: _____*

K. HIGHEST ACADEMIC LEVEL:

- Some High School
- High School Graduate or Equivalent
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your recertification.

Race:

- African American Native American
- Asian White
- Hispanic No Response

Age Range:

- Under 25 40 to 49
- 25 to 29 50 to 59
- 30 to 39 60+

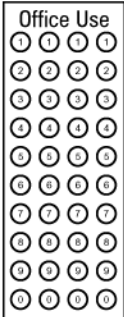
Gender:

- Male
- Female

Candidate Signature

I have read the Application Handbook and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____



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