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)
- Credit Card Payment
  - Visa
  - MasterCard
  - American Express

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.

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 __________
Emergency Number Professional Certification Examination

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

Candidate Information

Print your LAST NAME then FIRST NAME then MIDDLE INITIAL

Number and Street

Apartment Number

City

State/Province

Zip/Postal Code

Daytime Phone

- - -

Evening Phone

- - -

E-mail Address

Which edition of the exam do you wish to take?

☐ U.S.  ☐ Canadian

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. CURRENT POSITION/ROLE IN EMERGENCY COMMUNICATIONS MANAGEMENT:

☐ Manager

☐ Supervisor

☐ Commercial provider of products and services

☐ Sworn Personnel

☐ Other

B. YEARS IN CURRENT POSITION/ROLE IN EMERGENCY COMMUNICATIONS MANAGEMENT:

☐ Less than 3 years

☐ 6 - 8 years

☐ 3 - 5 years

☐ 9 or more years

C. PREVIOUS POSITIONS/ROLES IN EMERGENCY COMMUNICATIONS MANAGEMENT:

☐ Manager

☐ Supervisor

☐ Commercial provider of products and services

☐ Sworn Personnel

☐ Other

D. YEARS IN PREVIOUS POSITIONS/ROLES IN EMERGENCY COMMUNICATIONS MANAGEMENT:

☐ Less than 3 years

☐ 6 - 8 years

☐ 3 - 5 years

☐ 9 or more years

E. CURRENT EMPLOYER CATEGORY: (Darken only one response.)

☐ 9-1-1 Board

☐ Consultant Services

☐ 9-1-1 Agency

☐ Equipment Vendor/Distributor

☐ Police Department

☐ Equipment Manufacturer/Developer

☐ Fire Department

☐ Telecommunications Company

☐ EMS

☐ Other

☐ Independent System Provider

F. JOB CLASSIFICATION: (Darken only one response.)

☐ Director, Agency Head, Supervisor

☐ Police/Fire/EMS Manager

☐ Project Engineer/System Designer

☐ Database Manager/DB Developer/Addressing

☐ Emergency Responder, Service Provider

☐ 9-1-1 Coordinator

☐ 9-1-1 Product Manager

☐ City/County Elected Official

☐ Vendor Sales/Marketing

☐ Other

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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: __________________________