

SUMMARY OF RECERTIFICATION POINTS FORM
Certified Emergency Power Systems Specialist (CEPSSHC)
for Health Care Facility Managers Program

NFPA Certification Department 1 Batterymarch Park, Quincy, MA 02169 (P) 617-984-7509 (F) 617-984-7127 Web Page: www.nfpa.org/cepsshc		For Internal Use Only Date Received: _____ Database: _____
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Name: _____ Certificate #: _____ Certificate Date: _____

Address: _____ Business _____ Residence _____

City: _____ State/Province: _____ Zip Code: _____

Tel #: _____ Fax #: _____ Email: _____

Category	Points Claimed
Participation in Training	
Testing of Emergency Power Systems	
Installation of Emergency Power Systems	
Professional Membership	
Total	

- Instructions:**
1. Collect documentation for your 10 points of professional development. Refer to the *Recertification Requirements Table* for information regarding the categories and point allotments.
 2. Complete this *Summary of Recertification Points Form*, and submit it along with the recertification fee to the NFPA Certification Department.

IMPORTANT:
 Do not submit documentation of your recertification points at this time. NFPA conducts random audits for recertification documentation. It is important that you maintain your documentation in the event that you are selected for a random audit. If you are selected, you will then be required to provide this documentation.

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 cepsshc@nfpa.org in the address box. Complete the email process by attaching your personal documentation and clicking "Send."

- \$150 (USD) Recertification Fee
- 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: _____

Electronic Signature agreement: In lieu of signature, you agree that typing your name on the line above is the legal equivalent of your manual signature on this application. By selecting the Credit Card button above and entering your name in the signature block, you authorize NFPA to charge your credit card the applicable fee(s).

I, _____, certify that all information contained in this application, is accurate and truthful, to the best of my knowledge, and that I am aware that any false entry will be considered sufficient cause for revocation of my certification at any time during the certification term. I agree that at any time during the term of certification any improper conduct on my behalf will result in my certification being revoked. 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 agree to accept the decision of the NFPA as to my eligibility for certification. I authorize verification of all information in this application. I also release all concerned from any liability arising from this application or certification.

Signature: _____ Date: _____

Electronic Signature agreement: In lieu of signature, you agree that typing your name on the line above is the legal equivalent of your manual signature on this application.



**Certified Emergency Power Systems Specialist (CEPSS-HC)
for Health Care Facility Managers**

RECERTIFICATION POINTS FORM

Name:

Certificate #:

Professional/Work Development Category	# of Points	Description
Total Points Here >>		



NFPA CERTIFIED EMERGENCY POWER SYSTEMS SPECIALIST (CEPSS-HC) for FACILITY MANAGERS RECERTIFICATION REQUIREMENTS CHART (3-year cycle)

In order to maintain currency and relevancy with emergency power supply systems, certificate holders are required to submit a minimum of ten (10) points of documented professional development for recertification. The 10 points must be submitted during the 3-year recertification cycle and must be related to emergency power supply systems.

PROFESSIONAL DEVELOPMENT CATEGORY	POINT ALLOTMENT	MINIMUM POINTS	MAXIMUM POINTS
Participation in training related to emergency and standby power systems or stored electrical energy systems	1 point per contact hour 1 CEU = 10 contact hours	3	10
Participation in the operational testing of an emergency and standby power system or stored electrical energy system	2 points per year	0	6
Participation in the installation of an emergency and standby power system or stored electrical energy system	1 point per year	0	3
Participation in the maintenance of an emergency and standby power system or stored electrical energy system	1 point per year	0	3
Membership in a related industry association	1 point per year	0	3

Note: *NFPA reserves the right to alter any recertification requirements as deemed necessary*

*DOCUMENTATION

Reasonable proof of attendance/participation in the described categories will be accepted. Reasonable proof includes copies of agendas, rosters, or other descriptive program materials which have been signed and dated by the presenter/sponsor indicating the certificate holder's attendance. The certificate holder is required to sign the descriptive materials as an attestation of their attendance.