

SUMMARY OF RECERTIFICATION POINTS FORM
Certified Fire Alarm ITM Specialist (CFAITMS) for Facility Managers Program

NFPA Admin. & Support Services 11 Tracy Drive Avon, MA 02322 admins@nfpa.org		For Internal Use Only Date Received: _____ Database: _____ Payment Rcvd: _____
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Name: _____ Certificate # _____ Certificate Date: _____

Address: _____ Business: _____ Residence: _____

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

Telephone: _____ Fax: _____ Email: _____

Category	Points Claimed
Participation in Fire Alarm ITM Training	
Participation in Testing Process	
Participation in Inspection Process	
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 NFPA Admin. & Support Services.

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 at <https://web1.zixmail.net/s/welcome.jsp?b=nfpa>. 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 admins@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 Fire Alarm ITM Specialist (CFAITMS) for Facility Managers
RECERTIFICATION POINTS FORM**

Name: _____ Certificate #: _____

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



**NFPA CERTIFIED FIRE ALARM ITM SPECIALIST (CFAITMS) for FACILITY MANAGERS
RECERTIFICATION REQUIREMENTS CHART (3-year cycle)**

In order to maintain currency and relevancy with the inspection, testing and maintenance of fire alarm 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 the inspection, testing, and maintenance of fire alarm systems.

PROFESSIONAL DEVELOPMENT CATEGORY	POINT ALLOTMENT	MINIMUM POINTS	MAXIMUM POINTS	REQUIRED DOCUMENTATION
Participation in training related to inspection, testing, and maintenance of fire alarm systems	1 point per contact hour 1 CEU = 10 contact hours	7	10	Copy of Certificate, letter from presenter, or description of training with letter from supervisor
Participation in the initial acceptance testing, reacceptance testing or the periodic testing of a fire alarm system	1 point per year	0	3	Description of the type of testing conducted with a letter from supervisor documenting participation
Participation in the initial acceptance inspection, reacceptance inspection or the periodic visual inspection of a fire alarm system	1 point per year	0	3	Description of the type of testing conducted with a letter from supervisor documenting participation
Membership in a related industry association	1 point per year	0	3	Copy of membership showing active status during the three year term (not limited to NFPA membership)

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

NFPA shall grant one (1) point toward recertification per full year served on the CAG. These points will apply in the Training/Professional Development Seminars and Conferences category, state the years as part of NFPA's CAG in the "Description" column of the CFAITMS Recertification Points Form