



SUMMARY OF RECERTIFICATION POINTS FORM
NFPA Certified Fire Inspector I & II and Certified Fire Plan Examiner

Certification Type: _____ Fire Inspector I _____ Fire Inspector II _____ Fire Plan Examiner

Name: _____ **Certificate #:** _____ **Certificate Date:** _____

Business Name: _____

Address: _____ **Business** _____ **Residence** _____

City: _____ **State:** _____ **Zip Code:** _____

Tel #: _____ **Fax #:** _____ **Email:** _____

Instructions:

1. Collect your documentation of **60 hours** of professional development. Refer to the Recertification Requirements Chart for information about the allowed categories and point allotments.
2. Complete and sign this form.
3. Submit your Summary of Recertification Points Form, and the recertification fee:
 - Credit card payments should be sent using the NFPA secure email server (see below).
 - Checks may be mailed to: NFPA Admin. & Support Services, 11 Tracy Drive, Avon, MA 02322

*** Do not submit documentation of your 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.

Category	Points Claimed
Training (in person or online)	
Professional Practice	
Association Membership	
Instructing or Lecturing	
Publication	
Total Points Claimed	

Amount Enclosed \$ _____ (please include the **\$150 recertification fee**)

Check: *(Payable to NFPA Certification Department)*

Credit Card: MasterCard VISA Discover American Express

IMPORTANT: NFPA wants to partner with you to protect your personal information, never include personal and/or credit card payment information in the body of any email. If you wish to email your application or other personal documentation, it must be placed within an attached document, and you must use the NFPA secure email server <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 adminsvecs@nfpa.org in the address box. Complete the email process by attaching your personal documentation and clicking "Send."

Credit Card #: _____ Card Exp. Date: _____

Name on Card: _____ Signature: _____

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: _____



NFPA CERTIFIED FIRE INSPECTOR I & II AND CERTIFIED FIRE PLAN EXAMINER RECERTIFICATION REQUIREMENTS CHART (3-year cycle)

In order to maintain currency and relevancy in the Fire Inspector and Fire Plan Examiner fields of practice, certificate holders are required to submit a minimum of sixty (60) points of documented professional development for recertification. The 60 points must be submitted during the 3-year recertification cycle and must be related to the specified fire inspector or fire plan examiner profession.

PROFESSIONAL DEVELOPMENT CATEGORY	POINT ALLOTMENT	MINIMUM POINTS	MAXIMUM POINTS	REQUIRED DOCUMENTATION*
Professional Practice of Certificate Holder	½ point per hour dedicated to inspection or plan review	0	30	Letter from employer/supervisor
Association Membership of Certificate Holder	1 point per association membership per year	0	10	Copy of membership for period
Instructing or Lecturing by Certificate Holder	2 points per contact hour	0	45	Letter from employer
Publication by Certificate Holder	5 points per article 10 points per book	0	15	Copy of article Copy of title page identifying author

A MINIMUM OF 15 POINTS IS REQUIRED IN THE FOLLOWING CATEGORY

Training received by certificate holder	1 point per contact hour 1 CEU = 10 contact hours	15	60	Certificate copy, letter from presenter or description of training with letter from supervisor
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*DOCUMENTATION

Reasonable proof of attendance/participation in the described categories will be accepted. Reasonable 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.