



PROVIDERS RETAIN THIS FORM FOR 5 YEARS

CANDIDATE ELIGIBILITY FORM

Please **PRINT** all information clearly. This is how your name will appear on your Associate Certificate.

Name: In the boxes below enter your name exactly as it appears on your Government Issued Photo ID.
 NOTE: If the name does not match your Photo ID you will not be admitted into the Exam.

FirstName		LastName		MI	
------------------	--	-----------------	--	-----------	--

A unique **E-mail Address** is required in order to receive communications from NABCEP about the Associate Exam. The e-mail will not be used for any other purpose. NOTE: your eligibility cannot be processed without a unique email address.

E-mail		Date of Birth (mm/dd/yyyy)	/	/
---------------	--	-----------------------------------	---	---

Mailing Address: NABCEP sends score notification via US Postal Service. In the boxes below enter the mailing address that should be used to send score notification letter.

Street 1					
-----------------	--	--	--	--	--

Street 2					
-----------------	--	--	--	--	--

City		State		Zip	
-------------	--	--------------	--	------------	--

Check the box next to the format of the Exam that you plan to take: (Note: the Computer Based Testing (CBT) Exam costs \$125 and Providers can charge up to an additional \$25 administrative fee; Paper and Pencil Exams cost \$125 and Providers can charge up to an additional \$55.)	Paper & Pencil with my Provider	<input type="checkbox"/>
	CBT with Castle Worldwide	<input type="checkbox"/>

Special Accommodations are available for individuals who can document a physical, mental, or learning disability that qualifies under the Americans with Disability Act. Initial the box to the right if you plan on requesting special accommodations for the NABCEP Associate Exam. A Special Accommodation Request form will need to be filled out and submitted to NABCEP along with supporting documentation from a qualified professional before any accommodations are granted.

Release of Scores: NABCEP releases the individual score results to the registered Exam Provider for all of the candidates to which the Provider confers eligibility. If you would prefer to not have your score released to the Provider, you may “opt-out” by initialing the box to the right.

NABCEP’S CODE OF ETHICS AND STANDARDS OF CONDUCT FOR ALL NABCEP CREDENTIAL HOLDERS

The Code of Ethics of NABCEP credential holders and candidates requires Candidates, Certificants and Associates to uphold professional standards that allow for the proper and ethical discharge of their responsibilities and maintain the integrity of the credential. Through the establishment of the Code of Ethics, the NABCEP Board of Directors seeks to assure the highest standards of behavior and principles in the renewable energy and energy efficiency industries. For a copy of the complete Code of Ethics, See the Candidate Information Handbook or the Associate Policies & Procedures Manual. I agree to uphold and abide by the NABCEP Code of Ethics.

As a professional in the fields of renewable and sustainable energy and energy efficiency technologies, a NABCEP Candidate, Certificant and Associate has the obligation to:

Deal with all clients, consumers, and other professionals and professional organizations fairly and in a timely manner;

PROVIDERS USE THIS FORM TO COMPLETE ONLINE ROSTER THEN RETAIN



PROVIDERS RETAIN THIS FORM FOR 5 YEARS

- Provide safe and quality services to clients and consumers;
- Respect and promote the rights of clients and consumers by offering only professional services that I am qualified to perform, and by adequately informing clients and consumers about nature of proposed services, including any relevant concerns or risks;
- Maintain the confidentiality and privacy of all client and consumer information;
- Avoid conduct which may cause a conflict with client or others;
- Engage in moral and ethical business practices, including accurate and truthful representations concerning professional information and system performance expectations;
- Be truthful with regard to research sources, findings, and related professional activities;
- Maintain accurate and complete business and professional records;
- Respect the intellectual property and contributions of others;
- Further the professionalism of renewable energy industry services; and
- Behave in a courteous and professional manner when communicating with NABCEP representatives.

By signing this agreement below, I represent and agree to the following terms, conditions, and releases related to the North American Board of Certified Energy Practitioners, Inc., (NABCEP):

1. I understand and accept all NABCEP certification policies, procedures, and requirements. I agree to satisfy, and conduct myself in accordance with, all NABCEP policies and procedures, and any decisions or policies issued by the NABCEP Board of Directors or its authorized representatives, as currently constituted and as amended.
I agree that if NABCEP determines that my compliance with a NABCEP policy, procedure, other requirement, or any of the terms of this agreement requires or includes an explanation, additional information, and/or supporting documents, I will provide a complete and accurate response and true copies of the materials to NABCEP in a timely manner. I agree that any refusal or failure to provide true, timely, and complete responses to questions in this application, renewal forms, or to other NABCEP requests for information may lead to further investigation, and/or sanctions by NABCEP Board of Directors, including the denial or revocation of a credential.
I agree that the NABCEP has the right to communicate with any person, government agency, or organization to review or confirm the information in this credential application or any other information related to my application. I agree that NABCEP may investigate my professional standing. Further, I agree to, and authorize the release of, any information requested by NABCEP for such review and confirmation.
I agree that all materials that I submit to NABCEP will become the property of NABCEP, and that NABCEP is not required to return any of these materials to me.
I agree to notify NABCEP in a timely manner, of any changes concerning the information I have provided, including address and telephone number information.
I agree that information related to my participation in the NABCEP credentialing process may be used in an anonymous manner for research purposes, and for other lawful purposes authorized by the Board of Directors.
I agree that upon designation as a NABCEP credential holder, my professional contact information will be considered public information and may be made available to the public upon request.

PROVIDERS USE THIS FORM TO COMPLETE ONLINE ROSTER THEN RETAIN



PROVIDERS RETAIN THIS FORM FOR 5 YEARS

I agree that my Credential does not imply licensure or registration.

I agree and accept that I shall not engage in any form of dishonest behavior with regard to the NABCEP examination. I understand that such dishonesty includes, but is not limited to, the following: using unauthorized materials; copying the work of another candidate or other individual, or representing another candidate's or other individual's work as my own work; having another individual take or otherwise assist me in completing the examination; providing unauthorized materials or information to others during the examination; and any other activity which may provide me or another candidate with an unfair advantage. I agree and accept that all communication, written, oral or otherwise, during any NABCEP examination is forbidden, as is the use of any outside notes, books, calculators or other material in any form other than those provided by NABCEP for use during the examination itself.

I understand and accept that the contents of all NABCEP test and examination related information and materials shall be held strictly confidential, and that the entire ownership interest in this information and materials is held by NABCEP and controlled by the NABCEP Board of Directors. I understand and accept that my possession of any test and examination related information is for the sole purpose of taking the examination, and that no other person, group of individuals, corporation, or other entity shall have any license or permission to use any test and examination related information. I agree not to discuss, share, distribute, reproduce in any manner, or otherwise disclose the specific content of the test questions, answers, and examination related information and materials to any individual or organization.

2. I understand and accept that, in appropriate circumstances as determined by the NABCEP Board and its representatives, NABCEP reserves the sole and exclusive rights to: suspend, cancel, revoke, or otherwise terminate any eligibility, credentialing decisions, and any rights or privileges related to the credentialing process; and, suspend or terminate candidate examination privileges, exam scoring, or other test evaluation activities. Among other circumstances, the suspension or termination of examination or other privileges, and the issuance of remedial and/or disciplinary actions, will be authorized, where: a specialty certification application or testing irregularity or impropriety occurs; a candidate or credential holder engages in misconduct or other conduct contrary to NABCEP policies and requirements; or, certification eligibility information or testing scoring or evaluation results are determined to be invalid for any other reason.
3. I agree that all disputes relating in any way to my NABCEP credential application and examination will be resolved solely and exclusively by means of NABCEP policies, procedures, and rules, including the NABCEP Certification Appeals Procedures.
4. I certify that the information I have provided with respect to this application is accurate and complete. I understand that any misrepresentations or incorrect information provided to NABCEP can result in discipline or sanctions, including certification ineligibility, suspension, or revocation.
5. I release, discharge, and indemnify NABCEP, its directors, officers, examiners, employees, attorneys, representatives, and agents from all liability and claims that may arise out of, or be related to, my professional practice and related activities.
6. I release, discharge, and indemnify NABCEP, its directors, officers, examiners, employees, attorneys, representatives, and agents from any actions, suits, obligations, damages, claims, or demands arising out of, or in connection with, this application, NABCEP examination activities, or any other action taken by the NABCEP Board of Directors and NABCEP with regard to its credentialing activities, including, but not limited to, all actions related to ethics policies and matters. I understand and agree that any decision concerning my qualifications and eligibility for any specialty

PROVIDERS USE THIS FORM TO COMPLETE ONLINE ROSTER THEN RETAIN



PROVIDERS RETAIN THIS FORM FOR 5 YEARS

certification, and my continuing qualification for any specialty certification, rests within the sole and exclusive discretion of the NABCEP Board of Directors and that these decisions are final.

I fully understand and agree to each and all of the terms set forth above.

By signing below I acknowledge that I have received and read the *NABCEP Associate Handbook* and the *NABCEP Associate Exam Learning Objectives*. Furthermore, I acknowledge that I understand that the NABCEP Associate Exam is intended to test basic knowledge, that the Associate Program is not equivalent to NABCEP Professional Certification, and that passing this exam does not confer or imply any permission or license to work in any field or position.

Signature of Applicant		Date	
-------------------------------	--	-------------	--

EXAM PROVIDER USE ONLY

Provider Name		Indicate Technology: PVA Exam; SHA Exam; SWA Exam	
By the authority invested in me by NABCEP, I confirm that the above named candidate completed coursework that qualifies him or her to sit for the NABCEP Associate Exam on: (Fill in the Course Completion Date in the space to the right and sign below).		Candidate ID #	

Instructor Name		Signature		Date	
------------------------	--	------------------	--	-------------	--

IMPORTANT: AFTER A PAPER AND PENCIL EXAM ADMINISTRATION THE "IDENTIFICATION NUMBER" MUST BE TRANSFERRED TO THIS FORM FROM THEIR ANSWER SHEET IN ORDER FOR SCORES TO BE PROCESSED

PROVIDERS USE THIS FORM TO COMPLETE ONLINE ROSTER THEN RETAIN