



**\* PROVIDERS RETAIN THIS FORM FOR 5 YEARS \***

**CANDIDATES 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.

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

<b>Email</b>		<b>Date of Birth: MONTH/DAY/YEAR</b>	
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**Mailing Address:** NABCEP mails score notifications to this address if in U.S./Canada; REGISTERED PROVIDERS OUTSIDE THE U.S. & CANADA ARE RESPONSIBLE FOR DELIVERY OF NOTIFICATIONS TO THEIR QUALIFYING CANDIDATES.

<b>Street 1</b>			
<b>Street 2</b>		<b>City</b>	
<b>State</b>		<b>Postal Code</b>	<b>Country</b>

Check the box next to the format of the Exam that you plan to take:	<b>Paper &amp; Pencil with my Provider (U.S./Canada option only)</b>	<input type="checkbox"/>
	<b>CBT with Scantron</b>	<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. A Special Accommodation Request form must be submitted to NABCEP along with supporting documentation.

**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.*

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By signing below I acknowledge that I have received and read the NABCEP *Associate Handbook* and the NABCEP Associate Exam Learning Objectives or JTA. 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.

**Candidate Signature** \_\_\_\_\_

**FOR EXAM PROVIDER USE**

**PROVIDER NAME** \_\_\_\_\_

**INSTRUCTOR NAME** \_\_\_\_\_

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. **Course Completion Date:** \_\_\_\_\_

**IMPORTANT: AFTER A PAPER & PENCIL EXAM, TRANSFER THE 9 DIGIT CANDIDATE ID NUMBER FROM THE ANSWER SHEET "IDENTIFICATION NUMBER" HERE:** \_\_\_\_\_

## NABCEP CANDIDATE AGREEMENT AND RELEASE

The North American Board of Certified Energy Practitioners, Inc. (NABCEP<sup>®</sup>) is dedicated to the development and implementation of appropriate professional standards designed to protect consumers and the renewable energy profession. NABCEP Candidates, Board Certified Professionals, and Associate Credential Holders are expected to act in an appropriate manner, which promotes the integrity of, and reflects positively on, the practitioner, NABCEP, and the renewable energy profession, consistent with accepted professional, moral, ethical, and legal standards.

[Click here to review the NABCEP Code of Ethics and Standard of Conduct](#) (or go to [www.nabcep.org/AboutUs/Ethics&Standards](http://www.nabcep.org/AboutUs/Ethics&Standards))

By signing below, I accept and agree to the following terms, conditions, and releases related to my participation in NABCEP programs and activities, including NABCEP credentialing programs.

1. I understand and accept all NABCEP policies, procedures, and other requirements (NABCEP policies). By accepting this Agreement, I agree to satisfy, and conduct myself in accordance with all such current and future NABCEP Policies.
2. I have had the opportunity to review the [NABCEP Code of Ethics and Standard of Conduct](#) and I agree to abide by the conditions and requirements stated in these policies.
3. I understand and agree that it is my responsibility to provide NABCEP with accurate, complete, and current information without exception, including the information in my online myNABCEP profile.
4. I understand and agree that: my NABCEP credential does not represent an authorization to provide related services, or to conduct related business activities; and, my NABCEP credential does not serve as a government license or registration to provide related services.
5. I understand and agree that the contents of all NABCEP examinations, examination information, and related test materials will be held strictly confidential, and that all ownership interests in such examination information and materials are held by NABCEP and controlled by the NABCEP Board of Directors. I understand and agree that my possession and receipt of any NABCEP test and examination-related information is for the sole purpose of taking the examination, and that no other person, group, corporation, organization, or other entity will have any license or permission to view, receive, or use any test and examination related information. I agree not to disclose, discuss, share, distribute, reproduce in any manner, or otherwise disclose the content of NABCEP test questions, answers, and examination-related information and materials.
6. I understand and agree that, consistent with applicable NABCEP policies, procedures, or instructions, NABCEP reserves the exclusive rights to: suspend, condition, limit, revoke, or otherwise terminate my certification or credential, certification or credential eligibility, and any rights or privileges related to the certification or credentialing process; and, suspend or terminate my examination administration, and my examination score(s). I have had the opportunity to review the NABCEP Certification Compliance Monitoring Policy (available in Appendix IV of the NABCEP Certification Handbook), and I agree to abide by the conditions and requirements stated in that policy. I understand and agree that it is my responsibility to promptly notify NABCEP by email at [Ethics@NABCEP.org](mailto:Ethics@NABCEP.org) of any legal, governmental agency, or organizational matters in which I am a named party, including, but not limited

to: lawsuits; administrative agency actions; professional disciplinary or ethics matters; malpractice claims; complaints relating to my professional or business activities; and, matters or proceedings involving criminal charges, lesser offenses, or similar matters. I will fully report and disclose any such prior and current matter(s) to NABCEP. I will fully report and disclose any such future matters to the NABCEP within sixty (60) days of becoming aware or receiving notice of such matter(s). I further understand and agree that such disclosure requires the submission of all related non-confidential documents and materials related to the matter, and all materials required by NABCEP. I understand that any failure to satisfy these and other related requirements may result in ineligibility for certification, or credentialing, credential discipline, and/or other appropriate action(s), consistent with NABCEP policies and procedures.

7. I agree that NABCEP has the right to communicate with any person, government agency, or organization to review or confirm the information in this Application, or any other information related to my Application. Further, I authorize the release of any information required by NABCEP related to the review of my Application.
8. 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.
9. I agree that all disputes relating in any way to my Application, my credential(s), and any NABCEP examination will be resolved solely and exclusively by means of NABCEP policies, procedures, and rules, including the NABCEP Appeals Policy. I understand and agree that NABCEP retains the sole and exclusive rights and discretion to issue and enforce certification and credential actions and decisions.
10. I represent and agree that the information I have provided with respect to this Application is accurate, complete, and current in all respects. I understand and agree that my submission to NABCEP of any false, misleading, inaccurate, or incomplete information can result in discipline or sanctions related to my Application, certification or credential, including ineligibility, suspension, or revocation.
11. By accepting this Agreement and applying for a NABCEP certification or credential, I release, discharge, and indemnify NABCEP, its directors, officers, examiners, employees, attorneys, representatives, and agents from any and all actions, suits, obligations, damages, claims, or demands arising out of, or related to, this Application, my professional and business activities related to a NABCEP credential, NABCEP examination programs and activities, any action taken by NABCEP concerning me, or that may arise out of, or be related to, my personal business, and related activities.

**By signing this Agreement, I agree to the terms above and confirm that I am at least 18 years old.**

Circle Exam Type: PVA, SHA, SWA

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**Candidate Signature**

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**Date**

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**Printed Name**