

Testing Center Application for Emergency Number Professional Certification Examination

Eligibility and Background Information

G. TOTAL YEARS OF EXPERIENCE IN ALL EMERGENCY COMMUNICATIONS:
 Less than 3 years 6 - 8 years
 3 - 5 years 9 or more years

H. ARE YOU CURRENTLY CERTIFIED AS AN EMERGENCY NUMBER PROFESSIONAL?
 No Yes
If yes, indicate month/year of expiration: ____/____

I. ARE YOU CURRENTLY A MEMBER OF NENA?
 No Yes
If yes, indicate type of membership:
 Active Commercial
NOTE: Membership is not required.

J. HAVE YOU TAKEN THIS EXAMINATION BEFORE?
 No Yes
If yes, when and under what name?
Date: _____
Name: _____

K. HIGHEST ACADEMIC LEVEL:
 Some High School
 High School Graduate or Equivalent
 Some College
 Associate Degree
 Bachelor's Degree
 Master's Degree
 Doctoral Degree
 Other

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your recertification.

Race:	Age Range:	Gender:
<input type="radio"/> African American <input type="radio"/> Native American	<input type="radio"/> Under 25 <input type="radio"/> 40 to 49	<input type="radio"/> Male
<input type="radio"/> Asian <input type="radio"/> White	<input type="radio"/> 25 to 29 <input type="radio"/> 50 to 59	<input type="radio"/> Female
<input type="radio"/> Hispanic <input type="radio"/> No Response	<input type="radio"/> 30 to 39 <input type="radio"/> 60+	

Candidate Signature

I have read the Application Handbook and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____

Office Use			
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0

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