



Testing Center Application for Emergency Number Professional Certification Examination

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

A	B	C	D	E	F	1	2	3	4	5	6
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Candidate Information

Print your LAST NAME then FIRST NAME then MIDDLE INITIAL

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Number and Street

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Apartment Number

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City

--	--	--	--	--	--	--	--	--	--	--	--

State/Province

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Zip/Postal Code

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Daytime Phone

			-				-			
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Evening Phone

			-				-			
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E-mail Address

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Testing Center Number (See Handbook)

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City: _____ State: _____

Which edition of the exam do you wish to take?

U.S. Canadian

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. CURRENT POSITION/ROLE IN EMERGENCY COMMUNICATIONS MANAGEMENT:

- Manager
- Supervisor
- Commercial provider of products and services
- Sworn Personnel
- Other

B. YEARS IN CURRENT POSITION/ROLE IN EMERGENCY COMMUNICATIONS MANAGEMENT:

- Less than 3 years 6 - 8 years
- 3 - 5 years 9 or more years

C. PREVIOUS POSITIONS/ROLES IN EMERGENCY COMMUNICATIONS MANAGEMENT:

- Manager
- Supervisor
- Commercial provider of products and services
- Sworn Personnel
- Other

D. YEARS IN PREVIOUS POSITIONS/ROLES IN EMERGENCY COMMUNICATIONS MANAGEMENT:

- Less than 3 years 6 - 8 years
- 3 - 5 years 9 or more years

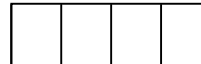
E. CURRENT EMPLOYER CATEGORY: (Darken only one response.)

- 9-1-1 Board Consultant Services
- 9-1-1 Agency Equipment Vendor/Distributor
- Police Department Equipment Manufacturer/Developer
- Fire Department Telecommunications Company
- EMS Other
- Independent System Provider

F. JOB CLASSIFICATION: (Darken only one response.)

- Director, Agency Head, Supervisor
- Police/Fire/EMS Manager
- Project Engineer/System Designer
- Database Manager/DB Developer/Addressing
- Emergency Responder, Service Provider
- 9-1-1 Coordinator
- 9-1-1 Product Manager
- City/County Elected Official
- Vendor Sales/Marketing
- Other

(Continue on page 2)



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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:

- African American Native American
- Asian White
- Hispanic No Response

Age Range:

- Under 25 40 to 49
- 25 to 29 50 to 59
- 30 to 39 60+

Gender:

- Male
- Female

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
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8	8	8	8
9	9	9	9
0	0	0	0

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