



# 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:**

- 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+

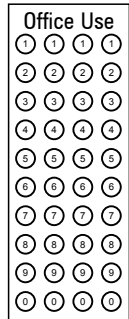
**Gender:**

- 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:** \_\_\_\_\_



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