

## **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.

Α	В	С	D	E	F	1	2	3	4	5	6
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Ca	ndidate Information						
Prin	t your LAST NAME then FIRST NAME then MIDDLE INITIAL						
Nur	nber and Street			Apartment Number			
City			State/P	rovince Zip/Postal Code			
Day	time Phone	Evening Phone					
E-m	ail Address						
Wh	ich edition of the exam do you wish to take?						
	U.S. Canadian						
E	gibility and Background Information						
Dar	ken only one choice for each question unless otherwise di	recte	d.				
A.							
	Manager		response.)				
	O Supervisor		O 9-1-1 Board	O Consultant Services			
	O Commercial provider of products and services		O 9-1-1 Agency	C Equipment Vendor/Distributor			
	O Sworn Personnel		O Police Department	O Equipment Manufacturer/Developer			
	O Other		O Fire Department	O Telecommunications Company			
В.	YEARS IN <u>CURRENT</u> POSITION/ROLE IN EMERGENCY COMMUNICATIONS MANAGEMENT:		O EMS	O Other			
	O Less than 3 years O 6 - 8 years		O Independent System	n Provider			
	O 3 - 5 years O 9 or more years	F.	JOB CLASSIFICATI	ON: (Darken only one response.)			
C	PREVIOUS POSITIONS/ROLES IN EMERGENCY		O Director, Agency He	ead, Supervisor			
0.	COMMUNICATIONS MANAGEMENT:		O Police/Fire/EMS Ma	nager			
	○ Manager		O Project Engineer/Sys	stem Designer			
			O Database Manager/DB Developer/Addressing				
	O Commercial provider of products and services	Emergency Responder, Service Provider					
	O Sworn Personnel		9-1-1 Coordinator	•			
	O Other		○ 9-1-1 Product Mana	ger			
D.	YEARS IN <u>PREVIOUS</u> POSITIONS/ROLES IN EMERGENCY COMMUNICATIONS MANAGEMENT:		○ City/County Elected Official				
	○ Less than 3 years ○ 6 - 8 years		○ Vendor Sales/Marketing				
	O 3 - 5 years O 9 or more years		Other	(Continue on page 2)			



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Eligibility and Back	kground Informa	ition	
G. TOTAL YEARS OF EXPLICATIONS:	TOTAL YEARS OF EXPERIENCE IN ALL EMERGENCY COMMUNICATIONS:		. HAVE YOU TAKEN THIS EXAMINATION BEFORE?  O No O Yes
O Less than 3 years	O 6 - 8 years		If yes, when and under what name?
O 3 - 5 years	O 9 or more years		Date: Name:
H. ARE YOU CURRENTLY CERTIFIED AS AN EMERGENCY NUMBER PROFESSIONAL?  O No O Yes  If yes, indicate month/year of expiration:/  I. ARE YOU CURRENTLY A MEMBER OF NENA?  O No O Yes  If yes, indicate type of membership: O Active O Commercial  NOTE: Membership is not required.			<ul> <li>K. HIGHEST ACADEMIC LEVEL:</li> <li>Some High School</li> <li>High School Graduate or Equivalent</li> <li>Some College</li> <li>Associate Degree</li> <li>Bachelor's Degree</li> <li>Master's Degree</li> <li>Doctoral Degree</li> <li>Other</li> </ul>
Optional Information related to race, opportunity. Such data will be us	age, and gender is optional and	•	only to assist in complying with general guidelines pertaining to equal vill affect your recertification.
Race:	Age Range:	:	Gender:
○ Asian ○ Whi	ve American O Under 25	<ul><li>○ 40 to 49</li><li>○ 50 to 59</li><li>○ 60+</li></ul>	<ul><li>○ Male</li><li>○ Female</li></ul>
	andbook and understand l		ble for knowing its contents. I certify that the information s and is accurate, correct, and complete.
CANDIDATE SIGNATURE: _			DATE:

Office Use
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