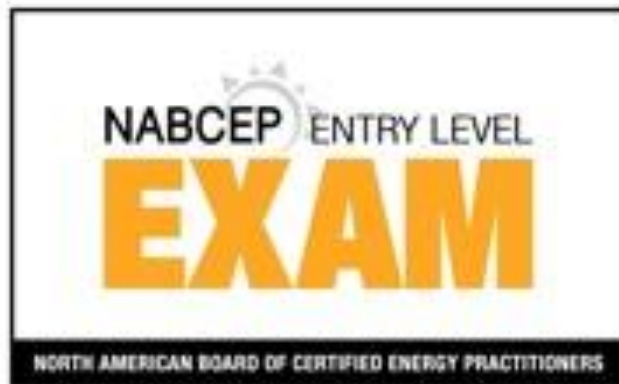




NABCEP Entry Level Exam Provider Application



Please ensure that you have thoroughly reviewed the *Entry Level Provider Info Packet* before completing this application.
(<http://www.nabcep.org/entry-level-program-2/approved-providers>)

Please attach additional pages, multiple pages, and supporting documentation as necessary.

DATE: _____

This NABCEP Entry Level Provider Application is for:

Note: A separate application is required for each program registration.

Photovoltaic (PV) Entry Level Exam

Solar Heating (SH) Entry Level Exam

Currently a NABCEP Registered Exam Provider?

Yes, Photovoltaic. Provider Number _____

Yes, Solar Heating. Provider Number _____

No

Questions about this Application should be directed to:

NAME: _____

TITLE: _____

PHONE: _____

E-MAIL ADDRESS: _____

GENERAL INFORMATION:

TO BE POSTED ON THE PUBLICLY AVAILABLE LIST OF REGISTERED PROVIDERS AT
WWW.NABCEP.ORG.

NAME OF ORGANIZATION: _____

WEB ADDRESS: _____

CONTACT NAME: _____

TITLE: _____

DEPARTMENT: _____

PHONE NUMBER: _____

E-MAIL ADDRESS: _____

PHYSICAL ADDRESS: _____

COURSE/PROGRAM TITLE: _____

COURSE/PROGRAM DESCRIPTION: _____

NABCEP requires Entry Level Providers to be Accredited or Certified in one of the following categories:

- Accredited by an agency recognized by the U. S. Department of Education¹
Accrediting Agency Name: _____
- A U.S. Department of Labor Approved Apprenticeship Program²
- An ISPQ Accredited Training Program or Continuing Education Provider for the course(s) or program being registered.
- An ISPQ Certified Independent Master Trainer / Independent Instructor for the program being registered (Computer Based Testing *only*)
- Accredited Training Sponsored by the National Center for Construction Education and Research for "Introduction to Solar Photovoltaics"

NABCEP ENTRY LEVEL EXAM ADMINISTRATION OPTIONS:

Most Registered Providers are given the opportunity to provide their students with two options for taking the Entry Level Exam. 1) Providers may administer the Exam directly to eligible candidates, on-site, in a paper and pencil format, following a course that confers eligibility. 2) Providers may permit eligible candidates to take the Exam off-site, in a computer based testing (CBT) format, at one of several hundred Prometric testing sites across North America.

Providers offering online training without a "bricks and mortar" campus, Providers that are accredited as ISPQ Certified Independent Master Trainers, and ISPQ Certified Independent Instructors are required to offer the exam via CBT and may not offer pencil and paper exams to their students.

EXAM ADMINISTRATION FORMAT REQUESTED:

- Computer Based Testing (CBT) format at a Prometric testing center.
- Both formats (Paper & Pencil *and* CBT).

¹ If Canadian, equivalent governing body

² If Canadian, equivalent governing body

DESIGNATED EXAM ADMINISTRATOR:

The Exam Administrator is NABCEP's primary contact person for Entry Level Program related communications and is responsible for ensuring that such communications are distributed to the appropriate personnel. The Exam Administrator is responsible for ensuring that all NABCEP policies and procedures are followed by the registered organization and its staff. The Exam Administrator is the only person who can download the paper and pencil version of the Exam, submit candidate eligibility information to NABCEP, and receive candidate score information from NABCEP.

Note: Instructors are not allowed access to the Exam and may not be the designated Exam Administrator or Proctor for the Exam.

NAME: _____

TITLE: _____

TELE: _____ E-MAIL: _____

MAILING ADDRESS: _____

SIGNATURE: _____ DATE: _____

Note: Signed *Exam Administration Agreement Forms (Appendix 1)* for every staff member who will be involved in handling the NABCEP Entry Level Exam (Exam Administrator, Exam Proctors, etc.) must be included with this application.

BILLING INFORMATION:

NABCEP invoices Registered Providers for annual fees (\$300/yr.), Paper and Pencil Exams administered (\$75/candidate), and CBT authorizations (\$95/candidate). NABCEP prefers to send electronic invoices. Please indicate if this is possible.

YES, please send invoices electronically to the following E-Mail address

BILLING E-MAIL: _____

NO, paper invoices are required.

BILLING CONTACT NAME: _____

TITLE: _____

TELE: _____ E-MAIL: _____

I agree to be the primary billing contact for NABCEP. Invoices and statements related to the NABCEP Entry Level Exam should be sent to my attention at the address provided above.

SIGNATURE _____ DATE _____

BILLING ADDRESS: (please provide this address for statements and correspondence even if invoices will be sent electronically):

INSTRUCTOR INFORMATION:

Please attach a resume, CV or summary of experience AND copies of certificates of completion for required training/experience for each instructor showing either:

1. The completion of an **advanced** PV or SH training program that is an ISPQ Accredited Training Program, an ISPQ Accredited Continuing Education Course, or is taught by an ISPQ Certified Master Trainer or ISPQ Certified Instructor; **OR**
2. The completion of a train-the-trainer program offered by the National Joint Apprenticeship and Training Committee (NJATC), one of the Department of Energy's nine Regional Solar Instructor Training Network Regional Training Providers (www1.eere.energy.gov/solar/instructor_training_network.html), or another train-the-trainer program (subject to NABCEP review and approval); **OR**
3. NABCEP Installer Certification in relevant technology

Experience installing PV/SH or in other aspects of the PV/SH industry should also be documented and may be considered in the application process.

PRIMARY INSTRUCTOR NAME: _____

TELE: _____ E-MAIL: _____

ADDITIONAL INSTRUCTOR NAME: _____

TELE: _____ E-MAIL: _____

ADDITIONAL INSTRUCTOR NAME: _____

TELE: _____ E-MAIL: _____

ADDITIONAL INSTRUCTOR NAME: _____

TELE: _____ E-MAIL: _____

ADDITIONAL INSTRUCTOR NAME: _____

TELE: _____ E-MAIL: _____

COURSE / PROGRAM INFORMATION:

Please describe the course, series of courses or program through which the Entry Level Learning Objectives are covered. If the completion of more than one course is required to cover the Learning Objectives, please provide course descriptions for all courses in the sequence. (Attach supplementary documentation if desired.)

Important Note: Passing the Entry Level Exam does not result in NABCEP Certification. As such, the term "Certified," "Certification," or other similar words may not be associated with the NABCEP Entry Level Exam in any way.

COURSE, WORKSHOP OR PROGRAM TITLE:

DETAILED COURSE DESCRIPTION (use additional pages as necessary):

COURSE STRUCTURE/FORMAT: (e.g.: traditional classroom lecture, hands-on, bootcamp, online, hybrid, etc. – list all that apply)

Total "Course / Contact" Hours: _____

Number of "Hands-on" Hours _____

Number of "Instruction / Lecture" Hours _____

Number of "Online / Distance Learning" Hours: _____

WHEN AND/OR HOW OFTEN IS THE COURSE OFFERED?

NABCEP ENTRY LEVEL EXAM LEARNING OBJECTIVES

The *NABCEP Entry Level Exam Learning Objectives* form the basis for the NABCEP Entry Level Exam. Each instructor must carefully review the **full** Learning Objectives as published on NABCEP's website (direct link provided below). Each registered instructor must read and comprehend the *NABCEP Entry Learning Objectives* in the scope of the NABCEP Entry Level Exam. Instructors are **required** to provide a copy of the *Entry Level Learning Objectives* to each student at the beginning of every course that will provide eligibility to take the Entry Level Exam. Instructors and curriculum designers are strongly encouraged to design courses using the Learning Objectives as a blueprint and to review the Learning Objectives with students prior to administering the Entry Level Exam.

<http://www.nabcep.org/entry-level-program-2/learning-objectives>

Photovoltaic Entry Level Instructor Agreement

To be completed by each registered Photovoltaic Entry Level Instructor

The following provides a blueprint for courses taught to the NABCEP Entry Level Program, including the primary Learning Objectives and suggested percentage time allotment. NABCEP recognizes the diversity of training programs offered and their participants, including short courses, continuing education programs, and more in depth and lengthy programs of study, including formal apprenticeship, multi-course certificate programs, and degree-track programs. The NABCEP PV Entry Level Program is not intended as an installer in-training credential, but rather as an important first step in preparing individuals to become highly skilled, qualified and experienced tradespersons and professionals in the PV industry.

Category	Course(s) Time By %	Exam Items	Level of Testing
1. PV Markets & Applications	5%	3	Comprehension
2. Safety Basics	5%	3	Comprehension Application
3. Electricity Basics	10%	6	Comprehension Problem Solving
4. Solar Energy Fundamentals	10%	6	Comprehension Application Problem Solving
5. PV Module Fundamentals	10%	6	Comprehension Application Problem Solving
6. System Components	15%	9	Comprehension Application Problem Solving
7. PV System Sizing Principles	10%	6	Application Problem Solving Design
8. PV System Electrical Design	15%	9	Application Problem Solving Design
9. PV System Mechanical Design	10%	6	Application Problem Solving Design
10. Performance Analysis, Maintenance and Troubleshooting	10%	6	Analysis Problem Solving
Totals	100%	60	

I have read and understand the full NABCEP PV Entry Level Learning Objectives found at: <http://www.nabcep.org/entry-level-program-2/learning-objectives>. I understand the purpose of these Learning Objectives and agree that the course, series of courses or program which I teach provides a comprehensive review of these Learning Objectives to prepare my students for the NABCEP PV Entry Level Exam. Further, I agree to provide my students with a copy of the NABCEP-issued PV Entry Level Learning Objectives at the beginning of the training.

INSTRUCTOR SIGNATURE _____

PLEASE PRINT NAME _____ DATE _____

NOTE: PLEASE SUBMIT A SIGNED COPY OF THIS PAGE FOR EACH INSTRUCTOR.

Solar Heating Entry Level Instructor Agreement

To be completed by each registered Solar Heating Entry Level Instructor

The following provides a blueprint for courses taught to the NABCEP Entry Level Program, including the primary Learning Objectives and suggested percentage time allotment. NABCEP recognizes the diversity of training programs offered and their participants, including short courses, continuing education programs, and more in depth and lengthy programs of study, including formal apprenticeship, multi-course certificate programs, and degree-track programs. The NABCEP SH Entry Level Program is not intended as an installer in-training credential, but rather as an important first step in preparing individuals to become highly skilled, qualified and experienced tradespersons and professionals in the SH industry.

Category	Course(s) Time By %	Exam Items	Level of Testing
1. Conducting a site analysis, including load analysis	15%	9	Comprehension Application
2. Identifying SHC safety practices, standards, codes, and certification	7%	4	Comprehension Application
3. Identifying systems for specific climates and applications	12%	7	Comprehension Problem Solving
4. Identifying proper operation and installation methods	43%	26	Comprehension Application Problem Solving
5. Identifying proper configuration of balance-of-system components and materials (e.g., controllers, tanks, pumps, valves, piping, etc.)	15%	9	Comprehension Application Problem Solving
6. Identifying common ST Maintenance Items	8%	5	Comprehension Application Problem Solving
Totals	100%	60	

I have read and understand the full NABCEP Solar Heating Entry Level Learning Objectives found at: <http://www.nabcep.org/entry-level-program-2/learning-objectives>. I understand the purpose of these Learning Objectives and agree that the course, series of courses or program which I teach provides a comprehensive review of these Learning Objectives to prepare my students for the NABCEP Solar Heating Entry Level Exam. Further, I agree to provide my students with a copy of the NABCEP-issued Solar Heating Entry Level Learning Objectives at the beginning of the training.

INSTRUCTOR SIGNATURE _____

PLEASE PRINT NAME _____ DATE _____

NOTE: PLEASE SUBMIT A SIGNED COPY OF THIS PAGE FOR EACH INSTRUCTOR.

INSURANCE INFORMATION:

PLEASE ATTACH A COPY OF THE APPROPRIATE CERTIFICATE OF INSURANCE (S)

This will usually take the form of a copy of your Commercial/General Liability coverage. In the case of some State institutions belonging to a self-insurance fund, a statement to that effect from a duly-recognized representative on official letterhead may be substituted.

If insurance documentation will be sent separately, please be advised your application will be held for processing until it is complete.

Check here if insurance documentation is included in packet:

Check here if insurance documentation is being sent separately:

(NABCEP is not responsible for the misplacement of documents sent separately from this application. Please make sure documents sent separately are well-labeled.)

TERMS OF AGREEMENT

As an authorized representative of the organization identified below I represent and agree to the following terms and conditions related to participation in the NABCEP Entry Level Provider Program:

All of the information provided in this application is true and correct to the best of my knowledge. I have read and understood the Entry Level Provider Info Packet and agree to abide by all policies and requirements therein, and all other applicable NABCEP policies. I understand that registration of the organization to participate in this Entry Level Exam Program cannot be transferred to another party. The organization will conduct all activities related to the NABCEP Entry Level Exam Program consistent with applicable laws, including the Americans with Disabilities Act and Title VII of the Civil Rights Act.³ The organization will maintain the security of the examination and confidentiality of the test items. I am aware that NABCEP has the exclusive rights to make changes to the Provider participation criteria, including the policies contained in the Application; and, revoke Provider status at any time if the Provider is non-compliant with any of the policies established by NABCEP.

I understand that registration as a Provider of the NABCEP Entry Level Exam does not constitute any endorsement, approval or sponsorship of the Provider or programs by NABCEP, and does not indicate any other affiliation with NABCEP. Further, NABCEP does not provide, offer, administer or approve courses or training, and no third party, including registered NABCEP Entry Level Providers, may in any way represent themselves or their programs as approved, endorsed or supported by NABCEP. I understand and agree that logos, trademarks or registered names of NABCEP may not be used in any way without prior permission from NABCEP. I agree that as a registered NABCEP Entry Level Provider the organization is responsible for ensuring that the use of the NABCEP name, logos and other references are accurate, truthful, complete and in compliance with all NABCEP policies. I understand and agree to act consistent with the marketing and advertisement criteria contained in the NABCEP Entry Level Info Packet.

I understand that the NABCEP Entry Level Exam is intended to test basic knowledge and that the Entry Level Program is not equivalent to NABCEP Certifications. I understand that passing the Exam does not represent any permission or license to work in any field or position. I further understand that receiving a passing score on the NABCEP Entry Level Exam does not provide any guarantee of employment and as a registered NABCEP Entry Level Provider the organization is prohibited from making any such claims concerning this NABCEP program.

NAME (PRINT): _____

TITLE: _____

SIGNATURE: _____ DATE: _____

ORGANIZATION: _____

³ If Canadian, I agree to abide by all applicable laws governing persons with disabilities and all applicable laws governing Civil Liberties

**NABCEP Entry Level Exam
 EXAM ADMINISTRATION AGREEMENT FORM**

Provider Name: _____	Provider Number: _____
----------------------	------------------------

*****Instructors of Entry Level courses are not permitted any involvement with the exam.*****

All personnel involved in any way with handling the NABCEP Entry Level Exam must complete this form. Only one individual per Provider can be designated as the Exam Administrator. The Exam Administrator is the only person who can download the Exam Booklet, request Answer Sheets, upload candidate eligibility information and receive score reports.

Each Provider may designate additional Exam Proctors as necessary to proctor Exams. The Exam Proctor is physically present during the administration of the exam. They confirm candidate eligibility, proctor the examination according to the Exam Administration Manual, and collect all materials from the candidates.

By signing below I confirm that:

- I have read/will read the NABCEP Entry Level Exam Administration Manual and I agree to adhere to the policies, procedures, standards of administration, and rules of confidentiality as they pertain to myself and the duties to which I am assigned in the receipt, printing, shipping and/or administration of the NABCEP Entry Level Exam.
- I agree to maintain the security and confidentiality of the exams and the exam questions at all times before, during and after exam administration.
- I am not an Instructor for any course that qualifies candidates to be eligible for any NABCEP Entry Level Exam.
- I understand that administrators, faculty, and other staff members of the above noted Provider are not privy to the content of the Exam.
- NABCEP Entry Level Examination Booklets will be made accessible to the Exam Administrator as a digital file via a secure website and shall only be accessed, printed, stored, and delivered in accordance with the policies and procedures outlined in the NABCEP Entry Level Exam Administration Manual.
- Printing of Exam Booklets will only be checked for accuracy (print quality and completeness).
- I am not permitted to read test questions or discuss contents of the Exam with anyone.
- I am not permitted to read comments submitted by the candidates as a result of taking this exam.
- I will not be reimbursed by NABCEP or Professional Examination Service for any expenses incurred in the administration of this examination (printing, shipping, transportation, rental fees, wages, etc.)
- I agree to comply with all procedures for handling any breach of security or suspected breach of security.
- All printed Exam Booklets, Scratch Sheets, and Comment Forms (whether used or unused) must be sent along with the completed answer sheets to Professional Examination Service within 48 hours after each exam administration.
- Answer sheets and other exam materials must be shipped using a traceable carrier (FedEx or UPS). Neither NABCEP nor Professional Examination Service is responsible for lost or misdirected shipments.
- Professional Examination Service must be notified with the tracking number and expected delivery date for each shipment of exam materials.
- The Exam Administrator must upload the Candidate Eligibility Spreadsheet within 48 hours of each exam administration.

My involvement with the NABCEP Entry Level Examination will be in the following capacity (check all that apply)

Exam Administrator (only one per institution)
 Exam Proctor
 Printer / Courier / Shipper
 Other, please explain _____

Name: _____ Title: _____

Daytime Phone (____) _____ Email: _____

Signature: _____ Date: _____

Authorization of above responsibilities is provided by (to be filled out by Provider):

Name: _____ **Title:** _____

Signature: _____ **Date:** _____

PAYMENT REMITTANCE FORM

Please fill in the following boxes **EXACTLY** as shown on your **credit card billing statement**. Illegible, incomplete or missing information will delay or prevent processing.

1. Identification Information																											
Last Name or Company Name on Card	First	Middle	Suffix																								
Credit Card Billing Address: Street Address or P.O. Box																											
Address line 2																											
City	State	Zip Code	Country																								
Phone Number	E-Mail Address																										
2. Entry Level Exam Provider Fee																											
<input type="checkbox"/> \$300 Photovoltaic Entry Level Provider Fee <input type="checkbox"/> \$300 Solar Heating Entry Level Provider Fee																											
3. Credit Card Number																											
<input type="checkbox"/> VISA <input type="checkbox"/> MasterCard																											
Name on card: _____ Signature of cardholder: _____																											
<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> <td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td><td style="width: 25%;"></td> </tr> </table>																						
M M / Y Y Expiration Date	Credit Card number (do not use spaces or dashes)																										
4. Signature and Date																											
I affirm that the information I have provided in this form is correct and I authorize NABCEP to proceed with the above credit card charge.																											
Signature: _____																											
Date: _____																											
Please send Payment Remittance Form to: NABCEP 56 Clifton Country Road, Suite 202, Clifton Park, NY, 12065 Fax: (518) 899-1092 Email: applications@nabcep.org																											

NABCEP Entry Level Exam Provider Application Checklist

Only complete applications will be reviewed. Please ensure that the following items are included with this application in order to prevent processing delays:

- Application Form
- Resume, CV or Summary of Experience AND Copies of Certificates of Completion for Related Training for Each Instructor
- Certificate of Insurance
- \$300 Annual Fee: Check or Credit Card via Payment Remittance Form
- Signed Terms of Agreement
- Signed Exam Administration Agreement Form for every non-instructional staff member involved in the NABCEP Entry Level examination

Completed applications should be sent to:

North American Board of Certified Energy Practitioners
Attn: Entry Level Programs
56 Clifton Country Road, Suite 202
Clifton Park, NY, 12065
Fax : (518) 899-1092

Questions? Chad Wolf, Entry Level Program Coordinator
Phone: (800) 654-0021 E-mail: CWolf@nabcep.org