



Application for CFSSA Credential

(Please allow 4-6 weeks for processing)

REV 4/17

Step 1. Name and Address of Applicant *(Please print or type.)*

NAME: _____

NEHA Membership # if known: _____

Sustaining member # if known: _____

PREFERRED MAILING ADDRESS:

Job Title: _____

Street Address

City/State/Zip Code

Work Telephone: _____ Home Telephone: _____

Mobile phone: _____ **E-mail (this is required):** _____

Employer Information: _____

Place of Employment

Street Address

City/State/Zip Code

Step 2. NEHA Credential Options, Fees and Payment Information *(Please "X" all that apply.)*

<u>Credential Name</u>	<u>Application Fee</u>		+	<u>Exam Fee</u>		<u>Total:</u>	
	<u>Mem/Non-Mem</u>			<u>Mem/Non-Mem</u>	=	<u>Mem/</u>	<u>Non-Mem</u>
Certified in Food Safety Supplier Audits (CFSSA)	\$160/\$185		+	\$195/\$310		<input type="checkbox"/> \$355	<input type="checkbox"/> \$495

____ **YES!** I would like to join NEHA and take advantage of the member fees above. **Individual Membership (E-Journal Only)**
This is a yearly membership fee. \$95

Other membership options are also available. Visit www.neha.org/member. **Individual Membership (E-Journal + Hard Copy)**
 \$110

____ I choose to take the exam at a Pearson VUE **Computer** testing center.
(U.S. and its Territories/Canada) \$110

Name exactly as it appears on driver's license or ID: _____

____ FOR INTERNATIONAL testing at a Pearson VUE **Computer** testing center. \$175

TOTAL: _____

Payment Options: _____ Visa or MC *(circle one)* _____ Check/MO (make payable to NEHA)

Credit Card #: _____ Exp.: _____ CVV (number on back): _____

Billing address: _____
(street) (city, state, zip)

Name on card (printed): _____ Signature: _____

Refund Policy: The Application Fee is non-refundable and non-transferable for all applications, including those that are rejected.

Written requests for refunds of exam and Pearson VUE fees will be honored only up to ninety (90) days after the fees have been processed by NEHA. The application fee is non-refundable. This application is good for two (2) years after NEHA has processed your payment. Pearson VUE testing authorizations are good for one (1) year.

PLEASE NOTE: FEES MAY BE SUBJECT TO CHANGE without Prior Notice

Allow 4-6 weeks for Processing

Step 3. Administration Options

- OPTION ONE – NATIONAL CONFERENCE.** The CFSSA exam is administered each year at the NEHA Annual Educational Conference (AEC) & Exhibition. For more information please visit www.neha.org.
- OPTION THREE – COMPUTER TESTING AT PEARSON VUE.** These exams are available on computer at Pearson VUE testing centers worldwide. For this option an additional fee of \$100.00 will apply. Please include the \$100.00 fee with your exam and application fees to NEHA. For information regarding the center nearest you, please visit www.pearsonvue.com/neha or contact the NEHA Credentialing Department at (303) 756-9090 ext. 310
- INTERNATIONAL TEST SITE REQUESTED: International testing will only be available on Pearson VUE for an additional \$175.**
- OPTION FOUR – SPECIAL TEST DATES.** Special test sites may be arranged through NEHA. In order to accommodate requests for special test sites, arrangements must be made a minimum of 4-6 weeks prior to the requested date. The fee to set up a special test site is \$350.00. For groups of 10 or more CFSSA and/or RFSA candidates, the special test site fee is waived. Please complete the Special Test Site Request form and return it to NEHA with your application.
- Exam Location: _____ Exam Date: _____
- OPTION FIVE – Pearson VUE MILITARY BASE TESTING.** If you are currently in the US Military, it may be possible to make arrangements to take the exam at a Pearson VUE computer testing center on your base. For information regarding centers on military bases, please visit www.pearsonvue.com/neha. Click on Find an On-Base Test Center.
- Pearson VUE testing (Military base in the U.S. and its Territories) for \$100**
- INTERNATIONAL Pearson VUE testing (Military base overseas) for \$175**

Copy of HACCP Certificate Required

Copy of Professional Food Safety Auditor Training Course Certificate (or equivalent) Required

Step 4. Official Transcripts

Please obtain and attach OFFICIAL transcripts of your post-secondary education to this application. OFFICIAL TRANSCRIPTS MUST ARRIVE AT NEHA IN THE SEALED SCHOOL ENVELOPE. Transcripts may be mailed separately if necessary. If no post-secondary degree is required for application, please provide OFFICIAL proof of high school or GED completion.

Please list the names of the schools sending transcripts to NEHA: _____

Please list any OTHER surnames that will show on Transcripts: _____

Please list degree and major that will show on Transcripts: _____

Step 5. Professional Conduct Questions - SIGNATURE REQUIRED

1. Have you ever had a professional certification, registration and or license revoked, suspended, sanctioned or had any disciplinary action against you either in the United States or another country?

Yes No

If YES, please explain in detail on an attached sheet the circumstances.

2. Have you ever been convicted of a felony or a misdemeanor?

Yes No

If YES, please explain in detail on an attached sheet the circumstances and include the charge, date and location of conviction.

X _____

Signature of Applicant

Date

Step 6. NEHA Code of Ethics for Credentialed Professionals – SIGNATURE REQUIRED

As an environmental professional, credentialed by the National Environmental Health Association, I hereby acknowledge, accept, and agree to abide by the following code of conduct and ethics:

- I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- I shall conduct myself in a professional manner befitting of my credentialed status.
- I shall proudly represent my credentialed status to the public I serve.
- I shall do nothing to undermine, detract from, or otherwise cause to develop any damaging associations with respect to this credential. I accept that any activity on my part that will cause this credential any measure of injury serves as a breach and a failure on my part to uphold this code of ethics. Moreover, I accept that such actions for which I might be responsible could result in the revocation of my credential.
- I shall do nothing to impair my ability to discharge any administrative or regulatory duty related to my professional credential that may also be required under federal, state or local law as a part of the position I hold.

X _____

Signature of Applicant

Date

Step 7. Statement of Affirmation – SIGNATURE REQUIRED

I, _____, do solemnly swear and affirm that I am the applicant named in this application; that I have made or read the contents hereof, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect, and are made in good faith.

X _____

Signature of Applicant

Date

Step 8. Work Experience Verification Form

The following form must be completed by a third party that can verify the candidate's work experience in food production or in conducting regulatory food inspections at a supervisory or advanced capacity. Verifications may be provided by a supervisor, human resources department, or a NEHA credentialed co-worker that works with the candidate. **(Please note: You may make copies of this form and have as many employers complete one as necessary to meet the minimum work experience criteria for the credential you are seeking).** You may fax a copy of this form to Attn: NEHA Credentialing (303) 691-9490.

I verify that _____ has a minimum of _____ years' work experience
(Applicant's Name) (# of years)
in food production or in conducting regulatory food inspections at a supervisory or advanced capacity for the
_____ credential.
(CFSSA)

Please note: Individuals providing verification of the applicant's work experience may be contacted by the National Environmental Health Association (NEHA) during a random application audit.

Person verifying applicant's work experience in food production or in conducting regulatory food inspections at a supervisory or advanced capacity please complete the following and return form to applicant to include with application:

NAME (Print full name) _____ (relationship to candidate)

TITLE _____

NAME OF COMPANY _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DAYTIME TELEPHONE _____

EMAIL ADDRESS _____

SIGNATURE _____ DATE _____

Step 9. Mail, fax, or e-mail your completed application with payment to:

National Environmental Health Association, Attn: Credentialing Department, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246.

E-mail: credentialing@neha.org Fax: 303-691-9490

Please allow 4-6 weeks for processing

If you have any questions or need assistance completing this application, please contact the NEHA Credentialing Department at
Phone: 303-756-9090, **ext. 310**