



Application for Certified in Food Safety Supplier Audits (CFSSA) Credential

(Please allow 6 weeks for processing)

REV 10/18

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

NEHA Membership # if known: _____

NAME: _____

PREFERRED MAILING ADDRESS: _____ Job Title: _____

Street Address

City/State/Zip Code

Preferred phone: _____ Alternate phone: _____

E-mail: _____

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>Mem/Non-Mem</u>	+	<u>Exam Fee</u> <u>Mem/Non-Mem</u>	=	<u>Total:</u> <u>Mem/ 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** \$100
 (w/complimentary E-Journal)
 This is a yearly membership fee.
 Other membership options are also available. Visit www.neha.org/member.

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

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

TOTAL: _____

Payment Options: Visa MC Discover AMEX Check/MO (make payable to NEHA)

Credit Card # _____ Exp.: _____ CVW (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 examination and Pearson VUE fees will be honored only up to ninety (90) days after the fees have been processed by NEHA. 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 6 weeks for Processing

Step 3. Administration Options (Please select one of the options below, and fill out the requested information.) Name **exactly** as it appears on driver's license or ID (Your name NOT your number. This name will be verified at time of testing): _____

- OPTION ONE (paper) – NATIONAL CONFERENCE.** The CCFS exam is administered each year at the NEHA Annual Educational Conference (AEC) & Exhibition. For more information please visit www.neha.org.
- OPTION TWO – COMPUTER TESTING AT PEARSON VUE.** These exams are available on computer at Pearson VUE testing centers worldwide. For this option an additional fee of \$110.00 will apply. Please include the \$110.00 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 THREE – 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 FOUR – 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 \$110**
- INTERNATIONAL Pearson VUE testing (Military base overseas) for \$175**

Please ensure you provide appropriate documentation for the track you are applying for. Applications will not be reviewed without proof of transcripts, certificates, etc.:

Track A:

- Bachelor's degree, or equivalent, with 30 semester hours of core science education
- Three years of experience in food production or inspection
- Evidence of HACCP Training
- Evidence of the Professional Food Safety Auditor Training Course or equivalent

Track B:

- 30 semester hours of college level core science education
- Five years of experience in food production or inspection
- Hold a current CCFS Credential in good standing
- Evidence of HACCP Training
- Evidence of the Professional Food Safety Auditor Training Course or equivalent

Step 4. Official Transcripts - Please obtain and attach OFFICIAL transcripts of your post-secondary education to this application. OFFICIAL PAPER TRANSCRIPTS MUST ARRIVE AT NEHA IN THE SEALED SCHOOL ENVELOPE. Transcripts may be mailed separately if necessary. Electronic transcripts can be emailed FROM THE SCHOOL OR TRANSCRIPT SERVICE to credentialing@neha.org. If post-secondary education does not apply, 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 environmental health, food safety, or related field. Verifications may be provided by a supervisor, human resources department, local/county/state health 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).** Email completed forms to credentialing@neha.org or fax (303) 691-9490 Attn: Credentialing.

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

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 environmental health, food safety, or a related field please complete the following and return form to applicant to include with application or send electronically to credentialing@neha.org :

NAME (Print full name)

(relationship to candidate)

TITLE

NAME OF COMPANY

STREET ADDRESS

CITY

STATE

ZIP

DAYTIME TELEPHONE

EMAIL ADDRESS

SIGNATURE

DATE

Step 9. Email, fax, or 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 Please specify credential type in the e-mail. Fax: 303-691-9490

Please allow 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**