

CPSI Exam Application

Please complete this application and return with
\$ 200 examination fee to:
NRPA
22377 Belmont Ridge Rd
Ashburn, VA 20148
Or fax to (703)858-0794

Office Use Only

Exam Exp.Date:
NPSIEXAM:
Int'l site:

Cert Number:
iMIS Number:

Once your application is processed and you receive an email from NRPA, you will then be able to schedule your exam. Your examination fee is **non-refundable**. **You must sit for the exam by the date provided in your email or you will forfeit your examination fee.**

Initial Exam and Re-test Candidates – You will have 90 days from when your Exam Application is processed to schedule and take the exam. You will be notified of this date when you receive your confirmation email from NRPA. Refer to this email for your exam candidate ID and the testing company (Pearson VUE) contact information to set up the date, time and location of your exam

Renewal Candidates – You **must** submit your application **prior to your expiration date**. You will have 90 days from when your Exam Application is processed to schedule and take the exam. You will be notified of this date when you receive your confirmation email from NRPA. Refer to this email for your exam candidate ID and the testing company (Pearson VUE) contact information to set up the date, time and location of your exam

Please download the CPSI certification handbook from the NRPA website under the CPSI certification for more information. Please read carefully. This will explain the procedures, proper ways to prepare, and provide exam tips.

To be completed by the applicant (please type or print clearly)

Why are you applying to take the CPSI exam? Initial Exam Re-test Renewal

Do you require an International testing site? Yes No

Do you require special accommodations under the Americans with Disabilities Act? Yes No

(If yes, please complete the Special Accommodation Request Form at www.nrpa.org/CPSI)

Last Name _____ **First Name** _____ **M.I.** _____ **Suffix** _____

Mailing Address

Street _____ Apt./Suite # _____

City _____ State _____ Zip _____

Email Address

Work Phone _____ **Home Phone** _____

Certification Number (if applicable) _____ **Expiration Date** _____

Form of Payment Check _____ Credit Card _____

Account #: _____ Card Expiration Date: _____

Would you like a copy of your receipt emailed to you? Yes No

Signature: _____

Demographic Survey

All questionnaire responses will be presented in statistical form only, with no individual data or names. Thank you for taking the time to fill out this survey!

Please check the appropriate answer

1. What is your gender? Female Male
2. What is your age? Under 25 25-34 35-44 45-54 55-64 65 and older
3. What is the highest level of education you have completed?
 Some High School High School Some College
 Bachelors Degree Masters Degree Doctorate Degree
4. Are you a member of the ASTM Sub-Committee F15.29? Yes No
5. Which **one** of the following **BEST** describes your principal employer? (Choose one)
 Municipality/Park District/County School District State Government Federal Government
 Independent Consulting Firm Playground Equipment Manufacturer Playground Equipment Supplier
 Playground Equipment Installer College or University Landscape Architect/Design Firm
 Law Firm Child Care Agency Insurance Company Other Not-for Profit Organization
 Other
6. Which **one** of the following **BEST** describes your principal position within your agency? (Choose one)
 Administrator/Manager/Supervisor Owner Designer/Planner/Architect Salesperson/Agent
 Risk Manager/Safety Director Maintenance Staff Educator/Researcher Lawyer
 Child Care Provider Consultant Other
7. Which of the following statements **BEST** describes your job responsibilities? (Choose one)
 Directly involved in inspecting playgrounds owned by my employer
 Directly involved in inspecting playgrounds owned by organizations other than my employer
 Directly involved in auditing playgrounds owned by my employer
 Directly involved in auditing playgrounds owned by organizations other than my employer
 Supervise other personnel who will be responsible for inspecting playgrounds owned by my employer
 Train other personnel who will be responsible for inspecting playgrounds owned by either my employer or by another organization
 Designer of playground environments
 Designer of play equipment
 Specify or recommend playground equipment for purchase by either my employer or other organizations
 Responsible for installation of playground equipment for either my employer or other organizations
 Other
8. For how many years has playground safety been a major responsibility of your job description?
 1 year or less 1-3 years 4-6 years 7-9 years 10-15 years 16-20 years Over 21 years
9. Does your job require CPSI Certification? Yes No
10. How many playground inspections did you perform in the last 12 months?
 Did not perform any inspections in the last 12 months 1-10 11-20 21-30 31-40 41-50 51 or more
11. How many playground audits did you perform in the last 12 months?
 Did not perform any audits in the last 12 months 1-5 6-10 11-15 16-20 21 or more
12. How many times have you registered for a CPSI institute? Never 1 2 3 4 5 or more
13. How many times have you been certified by passing the CPSI certification exam? Never 1 2 3 4 5 or more