

## **NEHA-NRPP APPLICATION FOR CERTIFICATION**

This application is a basic form to provide NEHA-NRPP with information necessary to finalize your certification and provide you with an opportunity to apply for membership with the American Association of Radon Scientists and Technologists (AARST). AARST and NEHA-NRPP have formed a cooperative partnership to consolidate industry resources and save lives. Specific instructions for completing this form can be found on-line at [www.neha-nrpp.org](http://www.neha-nrpp.org).

After completing the appropriate sections of the application form and calculating your fee (page 3), please send your form and a check or money order made payable to NEHA-NRPP via regular mail to: *NEHA-NRPP Administrative Office, P.O. Box 2109, Fletcher, NC 28732.*

If you choose to use a courier service (e.g., FedEx, UPS, Airborne Express, etc.), you may send your application package to: *NEHA-NRPP Administrative Office, 313 Banner Farm Road Suite 1-B, Horse Shoe, NC 28742.* **Note – do not send USPS Express Mail or Priority Mail to this address.**

**All participants must complete the following information. Please complete exactly as you wish to have your information appear on the website. The address that you list here is also the address to which all correspondence from the Program will be sent to you.**

### **VITAL INFORMATION**

<b>Your Name</b>	
<b>Company Name</b>	
<b>Address</b>	
<b>City, State, Zip</b>	
<b>Phone # (one number)</b>	
<b>Fax # (one number)</b>	
<b>Home Page</b>	
<b>E-mail</b>	

### **Code of Ethics (Required)**

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

- *As long as my credential is in an active status, I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.*
- *I will proudly represent my credentialed status and the credential itself to my professional peers, and to the public I serve.*

- *In the course of performing my duties, I will conduct myself in a professional manner befitting of my credentialed status.*
- *For the sake of elevating the recognition and status of my field, I will actively encourage my professional colleagues to consider earning this credential for themselves.*
- *I will 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 action for which I might be responsible could result in the revocation of my credential.*
- *I commit that my professional goal is to serve humankind by doing whatever I am able to do in the course of carrying out my professional responsibilities to maintain and provide a healthful environment for all.*

**PROTOCOLS:**

I agree to conduct business in accordance with the protocols established by the U.S. EPA and the quality assurance and quality control guidelines described therein, in addition to local building codes and ordinances:

- Indoor Radon and Radon Decay Product Measurement Device Protocols, EPA 402-R-92-004, July 1992
- Protocols for Radon and Radon Decay Product Measurements in Homes, EPA 402-R-92-003, June 1993
- Radon Mitigation Standards, EPA 402-R-93-078, October 1993 (Revised April 1994)
- Guidance on Quality Assurance, EPA 402-R-95-012, October 1997

Documents are available through the EPA's Web site at [www.epa.gov/iaq/radon/pubs/](http://www.epa.gov/iaq/radon/pubs/).

**SIGNATURE:**

All of the information I have provided in this application is accurate to the best of my knowledge. I understand that intentional misrepresentation of this information could be grounds for loss of certification. By submitting this application, I agree to meet all applicable program requirements. I have read and understand all requirements pertaining to the certification for which I am applying. I have read the above section and have enclosed all information requested for application to the NEHA National Radon Proficiency Program. I understand that it is my responsibility to keep NEHA NRPP notified of any changes in pertinent information, and that NEHA NRPP will notify NRPP certified individuals only through addresses and phone numbers provided by myself. I understand that my NEHA NRPP certification is not transferable. I understand that my NEHA NRPP certification is subject to review and that I may be assessed an investigation fee if I either instigate a faulty claim against another NEHA NRPP certified individual, or if I am found to be in violation of NEHA NRPP Code of Ethics or fail to abide by EPA and NEHA protocols in performing my services. I agree to surrender my NEHA NRPP identification card if I voluntarily withdraw or if I am de-certified from the program. I agree to contact appropriate state radon officials before initially offering radon services in any state in which I conduct radon measurement or mitigation services. I further understand that the NEHA NRPP is not liable for any damages or harm arising from participation in this program or from any work performed by its participants.

---

Signature

---

Date

**A. Residential Measurement Services (Individual)**

**A.1. Standard Services**

In addition to completing the Vital Information on Page 1, you must also include a copy of your course completion certificate and proof of having passed your NEHA-NRPP Measurement Exam.

**A.2. Standard and Analytical Services** (*This section applies to individuals who analyze their own device, including printing a data tape from a CRM.*)

In addition to completing the Vital Information on Page 1, you must also include a copy of your course completion certificate and proof of having passed your NEHA-NRPP Measurement Exam. You must also complete the following section and **INCLUDE PROOF OF CALIBRATION FOR EACH DEVICE UTILIZED AND PROOF OF HAVING PASSED A DEVICE PERFORMANCE TEST FROM EITHER BOWSER MORNER (937-236-8805 X 249) OR RADON MEASUREMENTS LAB (719-262-3584) FOR EACH DEVICE GROUP.** There is a \$75 fee for each Device Group (*See Device list on web site, [www.neha-nrpp.org](http://www.neha-nrpp.org)*).

Device Code	Device Group	Description of Device

Total Number of Device Groups - \_\_\_\_\_

**B. Analytical Laboratory (Company who provides 3<sup>rd</sup> party analysis for clients)**

Each certified Analytical Laboratory must have an individual who is certified for Residential Measurement Services who is designated as the Responsible Party for the Analytical Laboratory. Please list this person below:

Name: \_\_\_\_\_ NRPP ID#: \_\_\_\_\_ RT

In order to become certified as an Analytical Laboratory, you must also complete the following section and include proof of calibration for each device utilized and proof of having passed a Device Performance Test for each device group. The first Device Group is included in the base \$150 certification fee. There is a \$75 fee for each additional Device Group. (See Device list on web site, [www.neha-nrpp.org](http://www.neha-nrpp.org)).

Device Code	Device Group	Description of Device

Number of Device Groups (less 1) \_\_\_\_\_

### C. Residential Mitigation Service Provider

In addition to completing the Vital Information on Page 1, you must also include a copy of your course completion certificate and proof of having passed your NEHA-NRPP Mitigation Exam.

#### SERVICE AREAS

For \$5 per state, you can be listed as providing services in states other than your state of residence. This may be especially useful to you if you live near state borders. *Please do not check your state of residence.*

**NOTE: The states that are shaded have their own certification/registration program. By checking any of these boxes, you are affirming that you have met all state and local requirements.**

<input type="checkbox"/>	Alaska	<input type="checkbox"/>	Iowa	<input type="checkbox"/>	New Jersey	<input type="checkbox"/>	Vermont
<input type="checkbox"/>	Alabama	<input type="checkbox"/>	Kansas	<input type="checkbox"/>	New Mexico	<input type="checkbox"/>	Virginia
<input type="checkbox"/>	Arkansas	<input type="checkbox"/>	Kentucky	<input type="checkbox"/>	New York	<input type="checkbox"/>	Washington
<input type="checkbox"/>	Arizona	<input type="checkbox"/>	Louisiana	<input type="checkbox"/>	North Carolina	<input type="checkbox"/>	West Virginia
<input type="checkbox"/>	California	<input type="checkbox"/>	Maine	<input type="checkbox"/>	North Dakota	<input type="checkbox"/>	Wisconsin
<input type="checkbox"/>	Colorado	<input type="checkbox"/>	Maryland	<input type="checkbox"/>	Ohio	<input type="checkbox"/>	Wyoming
<input type="checkbox"/>	Connecticut	<input type="checkbox"/>	Massachusetts	<input type="checkbox"/>	Oklahoma	<input type="checkbox"/>	Guam
<input type="checkbox"/>	Washington, DC	<input type="checkbox"/>	Michigan	<input type="checkbox"/>	Oregon	<input type="checkbox"/>	Puerto Rico
<input type="checkbox"/>	Delaware	<input type="checkbox"/>	Minnesota	<input type="checkbox"/>	Pennsylvania	<input type="checkbox"/>	Virgin Islands
<input type="checkbox"/>	Florida	<input type="checkbox"/>	Mississippi	<input type="checkbox"/>	Rhode Island	<input type="checkbox"/>	Japan
<input type="checkbox"/>	Georgia	<input type="checkbox"/>	Missouri	<input type="checkbox"/>	South Carolina	<input type="checkbox"/>	Canada
<input type="checkbox"/>	Hawaii	<input type="checkbox"/>	Montana	<input type="checkbox"/>	South Dakota	<input type="checkbox"/>	Europe
<input type="checkbox"/>	Idaho	<input type="checkbox"/>	Nebraska	<input type="checkbox"/>	Tennessee		
<input type="checkbox"/>	Illinois	<input type="checkbox"/>	Nevada	<input type="checkbox"/>	Texas		
<input type="checkbox"/>	Indiana	<input type="checkbox"/>	New Hampshire	<input type="checkbox"/>	Utah		

Or \$150 for ALL states and possessions.



**I. AARST MEMBERSHIP APPLICATION**

Name of Company: \_\_\_\_\_

Name (Key Contact): \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Providence: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_ Web Site: \_\_\_\_\_

**II. AARST MEMBERSHIP TYPE**

AARST Annual Membership (check category of Membership desired)

- Executive \$ 1,000.00 (Two organizational listings: list up to 10 members)
- Corporate \$ 500.00 (One organizational listing: list up to 5 members)
- Company \$ 250.00 (Two individual membership listings: list two members)
- Individual \$ 125.00 (One individual membership listing: list one member)
- Associate \$ 75.00 (Government, education, non-profit, related industries)
- Student \$ 25.00 (Attach copy of current Student ID)

Membership Benefit	Individual Memberships Included	Individuals Have Member Voting Rights	Individuals Receive Official Communications	Individuals Have "Members Only" Access on AARST Site	Individual Listed in Member Query	One Professional Business Listing on AARST Site	Internet Registration and Payment Available on AARST Site	Select the \$\$\$ Amount of Annual Dues to Register Now
<b>Membership Type</b>								
<u>Individual</u>	1	YES	YES	YES	YES	YES	YES	<b>\$125.00</b>
<u>Company</u>	2	YES	YES	YES	YES	YES	YES	<b>\$250.00</b>
<u>Organization (Corp)</u>	5	YES	YES	YES	YES	YES	YES	<b>\$500.00</b>
<u>Executive</u>	10	YES	YES	YES	YES	YES, TWO	YES	<b>\$1,000.00</b>
<u>Associate</u>	1		YES	YES	YES		YES	<b>\$75.00</b>
<u>Student</u>	1		YES		YES		WITH STUDENT ID	<b>\$25.00</b>

List names/titles of Member Representatives (Corporate up to 5; Executive up to 10)

1. Key Contact #1 \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_  
 6. Key Contact #2 \_\_\_\_\_ 7. \_\_\_\_\_  
 8. \_\_\_\_\_ 9. \_\_\_\_\_ 10. \_\_\_\_\_

**III. SERVICE LISTINGS** Under which business category(s) do you want to be listed?

- a. \_\_\_ Calibration Facilities/Services
- b. \_\_\_ Consultant
- c. \_\_\_ Education/Training
- d. \_\_\_ Mail Order Test Kits
- e. \_\_\_ Measurement Instruments
- f. \_\_\_ Measurement Services (Include copy of State Certification if regulated state)
- g. \_\_\_ Mitigation Services (Include copy of state certification if regulated state)
- h. \_\_\_ Mitigation Supplies
- i. \_\_\_ Primary Laboratory

If you checked **f. Measurement Services** and/or **g. Mitigation Services**, you receive a FREE STATE LISTING for service(s) you provide: measurement, mitigation or both. FREE STATE LISTING: Please indicate one state: \_\_\_\_\_

**IV. ADDITIONAL STATE LISTINGS:** (can be purchased at AARST.org bookstore  
**\$10 PER STATE PER MEASUREMENT + \$10 PER STATE PER MITIGATION**  
 DO NOT REORDER your FREE STATE listing (III). Instead, name the ADDITIONAL STATE(S) that you would like to be listed under:

f. Measurement Services (Include copy of State Certification if regulated state) \_\_\_\_\_  
 \_\_\_\_\_

g. Mitigation Services (Include copy of state certification if regulated state) \_\_\_\_\_  
 \_\_\_\_\_

Count the total number of spaces completed above \_\_\_\_\_ (f & g)  
 and Multiply by \$10 = \$ \_\_\_\_\_ = Total Additional State Listing Fee

**V. FREE SERVICES/CREDENTIALS LISTING**

You may also list various services offered and/or credentials. Please indicate exactly what you would like displayed in less the 256 characters.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VI. PAYMENT: Total Membership Fees Plus Fees for Additional State Listings**

Membership Fee \$ \_\_\_\_\_

Additional State Listings \$ \_\_\_\_\_

**Total Enclosed** \$ \_\_\_\_\_

## FEE CALCULATION

Check all that apply	Description	Fee
	A.1 Residential Measurement Services, Standard Services	\$150
	A.2 Residential Measurement Services, S&A + # of device groups _____ x \$75	\$150 +
	B. Analytical Laboratory + # of device groups (less one) _____ x \$75	\$150 +
	C. Residential Mitigation Service Provider	\$150
<i>Optional Services</i>		
___ @\$7.50	8 ½ x 11 certificate – NEHA-NRPP (separate certificates for measurement and mitigation)	\$
___ @\$7.50	Photo ID Card – NEHA-NRPP *a non-photo ID card will be provided at no charge (separate cards for measurement and mitigation)	\$
___ @\$5.00	Additional States <i>Do not pay for your state of residence.</i>	\$
	AARST Membership	\$
	<b>TOTAL FEE</b>	<b>\$</b>