| **Application Information** |
| --- |
| First Name:\* |  |
| Middle Name/Initial: |   |
| Last Name:\* |  |
| Gender:\* |  |
| Phone:\* |  |
| **Agency / Company Information:** |
| Title / Rank: |  |
| Agency / Company:\* |  |
| Address:\* |  |
| City:\* |  |
| State:\* |  |
| Zip code:\* |  |
| Country:\* |  |
| Business Phone Number:\* |  |

**Homeland Protection Certification**

|  |
| --- |
| **Preferred Postal Mailing Information - If same as above Please enter SAA for the address** |
| Address: |  |
| City: |  |
| State: |  |
| Zip code: |  |
| Country: |  |

Top of Form



\* - required fields

| **Please complete the following form to continue:**  |
| --- |
| Membership:\* |  |
| Certification Applied for:\* |  |
| **Referred By:** |
| Referrer:  |  |
| **Employment: *(Members are subject to employment verification and must provide one of the following: Supervisor’s name and phone number or Copy of Department/Agency/Corporate/School Identification.)*** |
| Current Status:\* | If other, please indicate:  |
| Current Employer or School Name:\* |  |
| Address (Street #):\* |  |
| City:\* |  |
| State:\* |  |
| Zip Code:\* |  |
| Supervisor Name or Contact for Verification:\* |  |
| Contact Phone #:\* |  |
| If not currently employed or attending a college or university, a valid ID must be uploaded here to confirm your identity. (Please contact NDPCI at 401.294.2300 with questions)  |  |

\* - required fields

|  |
| --- |
| **Demographic Information:** |
| Education: \* (Please specify highest level completed) |  |
| Have you ever been convicted of a crime (or in military service convicted by a general court martial) or is there any criminal charge now pending against you?\* | Yes No |
| If the answer is "Yes", please explain. This information will not be circulated outside the Certification Board. An affirmative answer does not necessarily mean rejection of your application. (Please omit offenses committed before your 18th birthday.)  |  |
| Have you ever had a professional membership, license, registration, or certification denied, suspended, or revoked (other than a lack of minimum qualification or failure of examination)?\* | YesNo |
| If the answer is "Yes", please explain. This information will not be circulated outside the Certification Board. An affirmative answer does not necessarily mean rejection of your application. (Please omit offenses committed before your 18th birthday.)  |  |
| If separated from the U.S. Military, did you receive an honorable discharge? | Yes No |

Bottom of Form

Applications and payment can be completed online at <http://www.ndpci.us/certification/Ethics.php>

Applications can also be emailed, faxed, or mailed via the below listed methods. \*

Email: Certificate@ndpci.us

Fax: 401.294.3383

Mail: National Domestic Preparedness Coalition
 742 Ten Rod Rd
 Exeter, RI 02822

**\*\*MasterCard / Visa / Discover ONLY\*\***

Credit card number \_\_\_\_\_\_\_\_ \_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_\_\_\_ -\_\_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Payment must accompany this application or be received by NDPCI before the application will be forwarded to the board for consideration. If completing the application by mail, applicants are encouraged to send a check in lieu of credit card information. $125.00 of the certification fee is a non-refundable processing fee.

\*\*The 4th page of this application will be shredded after the credit card information is processed.
 Applicants may call NDPCI at 401.294.2300 and provide the credit card information over the phone.