**Application for Certification as a Carbon Auditor**

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| **Your Full Name** |  |
| **Company/Employer** |  |
| **Postal Address** |  |
| **Telephone Number(s)** |  |
| **Email Address** |  |

Initial certification as a Carbon Auditor requires candidates to confirm acceptance of CEP’s Code of Ethics and Disciplinary procedures, successful completion of an online exam assessment and demonstration of sufficient experience.

Maintenance of Certification requires annual renewal and ongoing Continuous Professional Development (CPD) consistent with CEP’s policies.

The application requires candidates to confirm and agree to:

1. Adherence to CEP’ [Code of Ethics](https://cep.org.nz/code-of-ethics/) and [Disciplinary procedures](https://cep.org.nz/wp-content/uploads/2021/06/CEPNZ-Amended-Constitution-Approved-at-2020-AGM.pdf);
2. Commitment to ongoing CPD;
3. Adherence to CEP’s policies on the use of licences, logos and other collateral.

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| Tick here to confirm agreement |  |

Details of the examination and experience requirements are set out in our [Carbon Auditor Certification Policy and Guidelines](https://cep.org.nz/wp-content/uploads/2021/09/Carbon-Aduitor-Certification-Policy_Sept-2021.pdf) pdf document.

* The online examination must be completed within six (6) months of application.
* Submission of experience documentation must be within twelve (12) months of application.

Please indicate your registration status:

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| --- | --- | --- | --- | --- |
| I am a new applicant |  | OR | I am an existing applicant registering for an assessment |  |

Please indicate your intention at this time.

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| I wish to register for the examination only.  *(I understand the certification fee of $300+GST is for one (1) attempt only)* |  |

**or**

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| I wish to register for the experience assessment only.  *(I understand the assessment fee is $700+GST).* |  |

**or**

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| I wish to register for the examination and experience assessment.  *(I understand the combined certification and assessment fee is $750+GST).* |  |

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| **Signature:** |  | Date: |  |

Please email completed form (*with reports if relevant*) to [info@cep.org.nz](mailto:info@cep.org.nz).

If you have any questions please contact the CEP office on 04 385 2839 or visit the [CEP Website](https://cep.org.nz/wp-content/uploads/2021/06/CEPNZ-Amended-Constitution-Approved-at-2020-AGM.pdf).

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| ***For CEP Use*** | Application fully completed: | Yes / No | Date Received: |  |