**Application for Reaccreditation as an
Energy Master Commercial Building Specialist**

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

1. Application

A reaccreditation application is required every 5 years and must be accompanied by the following:

* Evidence of at least 20 hours (annually) of continuing professional development (CPD) in areas relevant to energy management in commercial buildings
* An updated Work History (included in this form)
* A written assignment/report (details to be confirmed in discussion with CEP). Report to be 5,000 words per discipline for Commercial Building Specialists
* A Reaccreditation Fee (see the latest *EnergyMasters* General Guidance for Applicants)
1. Updating your details

Update your details in the tables below with any new Qualifications in Table 1 and new Memberships / Registrations / Licenses in Table 2, since your original accreditation.

**Table 1 - Qualifications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Qualification** | **Length of Study (years)** | **Discipline** | **Education Provider** | **Country** | **Year Completed** |
| *eg NZCE* | *2 years* | *Mechanical* | *Wellington Polytechnic* | *New Zealand* | *1991* |
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**Table 2 - Memberships / Registrations / Licenses**

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| --- | --- | --- | --- | --- |
| **Organisation** | **Class** | **Current Yes / No** | **Registration Number** | **Year Gained** |
| *eg Engineering NZ* | *TIPENZ* | *Yes* | *12345* | *1990* |
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You can include any Membership of Engineering NZ at:

* Associate, Technical or Professional level; or
* Registration on a National Register of Current Competence; or
* Trade qualification.

**Table 3 - Work History Summary**

|  |  |  |  |
| --- | --- | --- | --- |
| **Organisation/ Employer** | **Position/Title** | **Dates (Month/Year)** | **Key activities, responsibilities, major achievements and details of projects undertaken** |
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**Information for Accreditation Listing**

A successful candidate for accreditation will have the details of their areas of expertise listed alongside their name and contact details on the Scheme website. Potential clients often want to engage auditors with particular experience or industrial machinery backgrounds. To assist the appropriate promotion of auditors please take this opportunity to update your details and provide the following information.

Please provide no more than 200 words to outline your Areas of Expertise and gives details of the following:

* **Practice Field** - if you are an Engineering NZ member or listed on a National Register of Current Competence, identify your defined practice field(s) (eg Electrical, Industrial, Mechanical); and

**Practice Area** – include details on your practice area(s) (eg. Industrial Process Energy Auditing, Lighting, HVAC, Refrigeration Engineering and Installations etc).

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| --- |
| **Areas of Expertise** |
| Enter your 200 words here |

|  |
| --- |
| **Work Areas** |
| Indicate here which geographical area of the country you are available to work in, eg. Lower North Island / National / South Island only. |

If you have other evidence of competence that you wish to have considered as part of your application for reaccreditation please outline the details here and provide any supporting material with your application (or enter ‘none’).

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| **Other Evidence** |
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**Privacy**

Any audits you send us will remain confidential and only be used in-house for the purpose of this assessment. Any hard copies will be returned to you at the end of the assessment.

# Checklist

Please ensure that you have enclosed the following with your application:

|  |  |  |
| --- | --- | --- |
| **Application Requirements** | **Applicant Check** | **Administrator****Check** |
| Completed Reaccreditation Application Form (this form) |  |  |
| Completed the Continuing Professional Development Summary Form, presenting details for the last 5 years (20 hours annually – a total of 100 hours) |  |  |
| Assignment / Report |  |  |
| Application Fee (refer General Guidance for Applicants). |  |  |

# Processing this Application

Please send your completed application either to the postal address below or email to info@cep.org.nz.

CEP

PO Box 11508

Manners Street

WELLINGTON 6142

An invoice will be issued to you was your application has been received and the process will commence once payment has been received.

Enquiries about your reaccreditation should be directed to CEP either by phone 04 385 2839 or email info@cep.org.nz.