**Certified Process Heat Emissions Plan Reviewer
Examination Application**

Please complete this form fully and return it to the CEP office to begin the Certified Process Heat Emissions Plan Reviewer (PHEPR) Examination process. It is important that you:

1. Read the Certified Process Heat Emissions Plan Reviewer Applicant’s Guide document to help you understand the examination and experience assessment processes.
2. All applicants are required to confirm acceptance of CEP’s Code of Ethics, Code of Professional Conduct and Disciplinary procedures.

**Section 1A - Contact Details**

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| --- | --- |
| **Title** (Dr/ Mr/ Mrs/ Miss/ Ms/None) |  |
| **Full Legal Name**  |  |
| **Preferred Name** (if different) |  |
| **Current Role** |  |
| **Company / Employer Name** |  |
| **Street Address**  |  |
| **Postal Address** (if different) |  |
| **Town/City** |  | **Postcode** |  |
| **Country** |  |
| **Mobile Number** (Personal) |  | **Work Number** |  |
| **Email Address 1** |  |
| **Email Address 2** |  |

**Section 1B - Proof of Identity**

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| **Driver Licence or Passport Number***(Photo ID required)* |  |

Please provide a scanned copy with your photo and name of your Driver’s Licence or Passport as proof of your identity.

**Section 2 – Fees and Deadlines**

**Certification Fees**

Once your application has been received, CEP will issue you with an invoice for the Process Heat Emissions Plan Reviewer Examination fee (see [CEP website](https://cep.org.nz/certification/certified-process-heat-emissions-plan-reviewer/) for current fees).

*Please Note: The online exam link will be emailed once payment has been received.*

**Completion Deadlines**

The online examination must be completed within six (6) months of CEP receiving this application.

If applying for certification, the Process Heat Emissions Plan Reviewer Experience Assessment must be completed within twelve (12) months of passing the exam.

**Section 3 - Declarations**

In applying to complete the Process Heat Emissions Plan Reviewer Examination, I hereby confirm:

1. I shall take the examination in a closed room, on my own and with no connections to others either physical or digital.
2. I take responsibility for ensuring effective internet connectivity at the examination site and for the impact of any disturbances experienced during the examination that are not related to the examination software.
3. I have read and understand the PHEPR Applicant’s Guide.
4. The information I have provided on my application form is, to the best of my knowledge, true and correct.

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| Signature: |  | Date (DD/MM/YYY) |  |

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| Please email completed form to 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/) |

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