

CEP Online Application – This application can only be submitted online at www.naed-cep.org. No other form of application will be accepted.

CERTIFIED ELECTRICAL PROFESSIONAL™ (CEP) INSIDE SALES & OUTSIDE SALES 2009 CERTIFICATION APPLICATION



Congratulations! You have taken the first step in becoming a Certified Electrical Professional™. Your CEP™ designation and credential will be recognized as *the standard of excellence in the industry*. Not only will you have the personal satisfaction of accomplishment & commitment when you become a Certified Electrical Professional but you will also receive recognition from your peers and superiors.

Becoming a Certified Electrical Professional offers your employer the “competitive edge” - increasing customer satisfaction and improved operations which ultimately result in increased profitability.

The Certified Electrical Professional (CEP) designation recognizes and identifies those individuals who have satisfied the certification requirements established by CEP Certification, LLC™. These requirements are based on the competencies identified as being necessary to perform effectively as an electrical professional.

CEP Certification, LLC has been formed by the National Association of Electrical Distributors (NAED) to govern all standards and policies related to the CEP certification.

The Certified Electrical Professional designation is a personal achievement and stays with you, the individual. While your company may contribute to the training and fees, you will hold the CEP designation.

To be fully prepared for the CEP examination, review the candidate guide located at www.naed-cep.org. It will thoroughly explain the CEP requirements, process, and benefits.

The Certified Electrical Professional examination will be offered every six (6) months at national testing centers. Unsuccessful candidates will be informed of their test scores, and the score required to pass

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the examination. In addition, unsuccessful candidates will be provided with a diagnostic report explaining their performance within each of the major content areas covered on the examination.

To complete this application process, please review the first pages, download and read any supporting documentation, complete and submit the form with payment. Once received, your application and payment will be processed and information verified. Upon approval, you will be contacted with testing center locations and test procedures for the CEP exam.

Certified Electrical Professional , CEP , Certified Electrical Professional – Inside Sales , Certified Electrical Professional – Outside Sales , CEP-IS , and, CEP-OS are all trademarks owned and controlled by CEP Certification, LLC, and may not be used or displayed without the express permission of CEP Certification, LLC.

EXAMINATION DATES:

- January 11-22, 2010
- July 10-21, 2010
- January 10-21, 2011
- July 11-22, 2011

ELIGIBILITY REQUIREMENTS:

Please review the eligibility requirements. You will later confirm that you meet these and understand the recertification procedures which you will be expected to follow.

Certified Electrical Professional - Inside Sales™ (CEP-IS™) Eligibility

- High school diploma or GED equivalent; and,
- Three-thousand (3,000) hours of qualifying Inside Sales employment experience. [NOTE: Three-thousand (3,000) employment hours are the equivalent of eighteen (18) months of full-time work experience.]

Qualifying work includes employment involving the following tasks: selling electrical products and services; preparing, processing, and managing electrical products and services sales orders; enhancing customer relationships and services; using company and industry resources with respect to electrical products and services; and/or, using personal resources with respect to electrical products and services.

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Certified Electrical Professional - Outside Sales™ (CEP-OS™) Eligibility

CEP-OS Certification Eligibility Option A

- Associate or technical degree from an accredited college/university; and,
- Ten-thousand (10,000) hours of qualifying employment experience, which includes at least four-thousand (4,000) hours of qualifying Outside Sales employment experience. [NOTE: Ten-thousand (10,000) employment hours are the equivalent of five (5) years of full-time work experience.]

OR

CEP-OS Certification Eligibility Option B

- High school diploma or GED equivalent; and,
- Ten-thousand (10,000) hours of qualifying employment experience, which includes at least six-thousand (6,000) hours of qualifying Outside Sales employment experience. [NOTE: Ten-thousand (10,000) employment hours are the equivalent of five (5) years of full-time work experience.]

Qualifying work for CEP-OS certification includes employment involving the following tasks: selling electrical products and services to the industry and the public; managing electrical product accounts; using company and industry resources with respect to electrical products and services; and/or, using personal resources with respect to electrical products and services.

Applicants are not required to submit documents verifying that the required eligibility requirements have been satisfied (e.g., transcripts, diplomas, resumes). However, an appropriate percentage of candidate applications will be audited, at which time candidates will be asked to provide this information. Moreover, the accuracy of all application representations may be reviewed by CEP Certification, LLC at any time.

RECERTIFICATION REQUIREMENTS:

CEP Certification renewal is required every three (3) years. To maintain your certified status, you currently must submit an application documenting the completion of thirty (30) hours of Continuing Education Units (CEU), as defined by the International Association for Continuing Education & Training (IACET). Additional recertification details are available at www.naed-cep.org. All certificants seeking CEP Program recertification must comply with all applicable CEP Certification, LLC policies, including the completion of required continuing education credits.

SPECIAL TESTING ACCOMMODATIONS:

If you have a disability and require special testing arrangements, CEP Certification, LLC will attempt to accommodate your individual needs. As you complete the application, you must select the box indicating you

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require an accommodation. In addition, you are required to email CEP Certification, LLC at certification@naed.org, upon your completion of this application, and request the Special Accommodations Forms to be completed by a health care professional prior to scheduling your test appointment. All special testing accommodations must be requested **at least sixty (60) days** prior to the examination date.

APPLICANT ETHICS REPRESENTATIONS AND AGREEMENTS:

Review the following ethics code. You will respond to each when you complete the application. You must respond to each question at that time.

1. I have reviewed the current CEP Certification, LLC Certified Electrical Professional (CEP) Program [Code of Ethics](#), CEP Certification, LLC [Ethics Case Procedures](#), and other applicable CEP Certification, LLC CEP Program policies, and agree to act in accordance with these CEP Certification, LLC policies, and as they may be amended or revised.
2. I have not been, nor am I currently, the subject of any charge, complaint, or conviction related to a criminal or quasi-criminal matter.
3. I have not been, nor am I currently, the subject of any formal complaint or charge by a government or other regulatory body, professional association, or certifying body.
4. I have not been found in violation of any law, regulation, or policy by a government or other regulatory body, professional association, or certifying body.
5. I have not been, nor am I currently, the subject of any other court or governmental matter or proceeding, related to my professional practice, or business activities.
6. I understand that any intentional or unintentional failure to provide timely, accurate, and complete responses to this Application may result in sanctions by the CEP Certification, LLC CEP Program.

NOTE: IF YOU WILL ANSWER "NO" TO ANY QUESTION(S) ABOVE, YOU WILL NEED TO PROVIDE A COMPLETE, DETAILED EXPLANATION OF THE CIRCUMSTANCES RELATED TO YOUR "NO" RESPONSE, AND THE FINAL DISPOSITION AND/OR DECREE RELATED TO ANY MATTERS INCLUDED IN ITEMS 2, 3, 4, OR 5, ABOVE. PLACE THESE MATERIALS IN A SEALED ENVELOPE MARKED "ETHICS" AND MAIL TO CEP Certification, LLC ETHICS, 1181 CORPORATE LAKE DRIVE, ST. LOUIS, MO 63132. FAILURE TO INCLUDE THE REQUIRED INFORMATION MAY DELAY THE PROCESSING OF YOUR APPLICATION.

APPLICANT CERTIFICATION AGREEMENT/ RELEASE AND AUTHORIZATION:

I acknowledge that I have read and understood all of the terms and conditions of CEP Certification, LLC certification, as set forth in the CEP Certification, LLC Certified Electrical Professional (CEP) Program policies.

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I agree to provide the CEP Certification, LLC CEP Program with written notice of any home or business address, telephone, or e-mail change within sixty (60) days of such change. I understand and agree that I am obligated to report to CEP Certification, LLC, in writing, modifications to my application responses in a timely, accurate, and complete manner, and no later than sixty (60) days of my knowledge.

I agree that the CEP Certification, LLC CEP Program has the right to contact any person or organization with respect to the review of this Application. I authorize the release of any information requested by CEP Certification, LLC with respect to the review of this Application. I further agree that CEP Certification, LLC has the right to notify pertinent organizations if this Application contains false information.

I understand that CEP Certification, LLC certification is conditioned upon my fulfillment of all required certification and recertification requirements, including compliance with the CEP Certification, LLC CEP Program [Code of Ethics](#). I understand that the CEP Certification, LLC CEP Program is separate and distinct from the programs and services of the National Association of Electrical Distributors' (NAED), and that CEP Certification, LLC certification does not create membership or other similar rights with NAED, including the right to use NAED trade/service marks or collective membership marks.

I understand that any certification granted by CEP Certification, LLC does not represent licensure, registration, or other authorization to practice or to conduct business activities for a fee or otherwise. I agree to indemnify and hold CEP Certification, LLC and its agents, employees, representatives, and successors, harmless against, and release them from, any and all claims, suits, complaints, losses, or liability (claims) (including attorney fees) arising out of, or related to: CEP Certification, LLC certification; my use and/or display of CEP Certification, LLC CEP Program credentials or designations, or references to the CEP Certification, LLC CEP Program; my professional activities and services; or, my other business activities.

I understand that CEP Certification, LLC certification is personal to me, and may not be transferred or assigned to any other individual, organization, or entity. With respect to my use and/or display of CEP Certification, LLC certification marks in connection with professional business activities, I agree to comply with all applicable CEP Certification, LLC policies, including the CEP Certification, LLC [Trademark and Certification Mark Use Policy](#).

I agree to report, within sixty (60) days of my knowledge, the following court, governmental, and professional organization matters related to me:

- Any charge, complaint, or conviction related to a criminal or quasi-criminal matter.

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- Any formal complaint or charge by a government or other regulatory body, professional association, or certifying body.
- Any determination by a government or other regulatory body, professional association, or certifying body concerning violations of laws, regulations, or policies, including any sanctions, discipline, and/or corrective action issued by that body.
- Any other court or governmental matter or proceeding, related to professional practice or business activities.

Upon certification, I understand that professional biographical data is considered to be public information, and that such information about me may be made available in response to inquiries. I further agree that, for research and statistical purposes only, data relating to my participation in the CEP Certification, LLC certification process may be used. I understand that all material becomes the property of CEP Certification, LLC upon receipt and that neither originals nor photocopies will be returned to me.

In the event that my CEP Certification, LLC certification is suspended or revoked, I agree to: comply with all directives or orders of the CEP Certification, LLC Governing Council, CEP Certification, LLC Ethics Review Committee, CEP Certification, LLC Certification Appeals Committee, CEP Certification, LLC Executive Director, and/or CEP Certification, LLC CEP Program, including the return of all CEP Certification, LLC credentialing documents, in a timely manner and at my own expense; and, immediately stop all use of CEP Certification, LLC certification marks, credentials, or any other designations indicating an affiliation with CEP Certification, LLC.

CEP CERTIFICATION FEES:

The fee for the credentialing process includes both the application process and the examination. A portion of a candidate's Application-related fees may be refunded if the Application is withdrawn prior to the examination, subject to applicable CEP Certification, LLC policies. Review the Candidate Bulletin for additional fees information.

The fees are as follows:

Six (6) weeks or longer before test date

- NAED member* - \$250
- Non NAED member - \$400

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From six (6) to four (4) weeks prior to test date

- NAED member* - \$350
- Non NAED member - \$500

Within Four (4) weeks of test date

- Applications may not be accepted within four weeks of test date due to verification and processing requirements.

*Member fees are available only to member companies in good standing of NAED

View of online application

Please fill out the form completely. Information not supplied may result in your application being delayed. If you have any questions, please contact CEP Certification, LLC at certification@naed.org or 888-791-2512.

Examination Dates

Please select the date you desire to take the CEP examination:

- January 2010
- July 2010
- January 2011
- July 2011

Eligibility Requirements

Please review, and confirm by marking the boxes below that you meet, the eligibility requirements and understand the recertification procedures which you will be expected to follow.

CEP Online Application – This application can only be submitted online at www.naed-cep.org. No other form of application will be accepted.

I have satisfied the following CEP eligibility requirements concerning education and professional experience, as indicated by the marked box, and agree to provide CEP Certification, LLC all required information related to my eligibility for CEP certification.

- CEP-IS™ Certification Eligibility
- CEP-OS™ Certification Eligibility Option A
- CEP-OS™ Certification Eligibility Option B

RECERTIFICATION REQUIREMENTS:

CEP Certification renewal is required every three (3) years. To maintain your certified status, you currently must submit an application documenting the completion of thirty (30) hours of Continuing Education Units (CEU), as defined by the International Association for Continuing Education & Training (IACET). Additional recertification details are available at www.naed-cep.org. All certificants seeking CEP Program recertification must comply with all applicable CEP Certification, LLC policies, including the completion of required continuing education credits.

I have read and understand the recertification requirements  for maintaining my certification for

Inside Sales
Outside Sales

Applicant Information

Title First name Last name

Middle ini. Suffix

Street City State

Zip Country

Personal Phone Personal email address

Date of Birth Gender

Certificate Name Spelling: To ensure the correct spelling of your name properly on your certificate, please accurately type your name as you would like it to appear. Include full middle name & suffixes such as II or Jr., if desired. [NOTE: CEP Certification, LLC will not print any other professional designation on your CEP certificate.]

Full Name as to be printed on certificate:

Formal Education

Highest Level of Formal Education: Date of Graduation:

Name of Academic Institution: Address: Address 2:

City: State: ZIP: Country:

CEP Online Application – This application can only be submitted online at www.naed-cep.org. No other form of application will be accepted.

Page 3 of 5

Total Hours of Qualifying Employment Experience

Please use 2,000 hours as the equivalent to one year of full-time employment. Enter # of hours, use "0" if not applicable.

Inside Sales Outside Sales

Employment Experience/History

Please provide the following employment history information, starting with your current or most recent employment. Please include sufficient information to meet the applicable CEP Inside Sales or Outside Sales certification eligibility requirements.

Employer 1 (Most Recent/Current)

Company Name:

Start Date: End Date:

Job Title: Supervisor Name:

Office Address: Address 2:

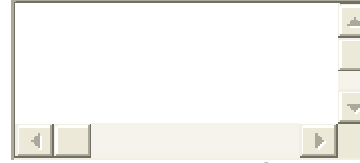
City: State: ZIP:

Country:

Office Phone: Office Fax:

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Statement of work duties performed/Number of qualifying employment hours by task:



[EXAMPLE: Selling electrical products and services/3,000 hours.]

Employer 2 (only required if Employer 1 does not satisfy CEP eligibility requirements)

Company Name:

Start Date: **End Date:**

Job Title: **Supervisor Name:**

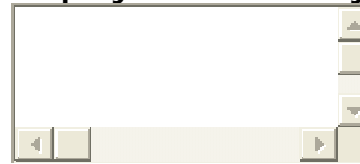
Office Address: **Address 2:**

City: **State:** **ZIP:**

Country:

Office Phone: **Office Fax:**

Statement of work duties performed/Number of qualifying employment hours by task:



[EXAMPLE: Selling electrical products and services/3,000 hours.]

CEP Online Application – This application can only be submitted online at www.naed-cep.org. No other form of application will be accepted.

Employer 3 (only required if Employer 1 & 2 do not satisfy CEP eligibility requirements)

Company Name:

Start Date: End Date:

Job Title: Supervisor Name:

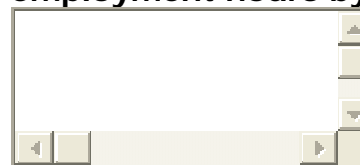
Office Address: Address 2:

City: State: ZIP:

Country:

Office Phone: Office Fax:

Statement of work duties performed/Number of qualifying employment hours by task:



[EXAMPLE: Selling electrical products and services/3,000 hours.]

Other Licenses & Certifications: Please list all licenses and certifications currently held.

CEP Online Application – This application can only be submitted online at www.naed-cep.org. No other form of application will be accepted.

Page 4 of 5

Special Testing Accommodations

If you have a disability and require special testing arrangements, select the appropriate option from the boxes below. In addition, you are required to email CEP Certification, LLC at certification@naed.org, upon your completion of this Application, and request the Special Accommodations Forms to be completed by a health care professional prior to scheduling your test appointment. All special testing accommodations must be requested at least sixty (60) days prior to the examination date.

special testing accommodations, and will submit all required documentation and information supporting my request to CEP Certification, LLC, within sixty (60) days prior to the test administration date.

Applicant Ethics Representations and Agreements (You must respond to each question)

1. I have reviewed the current CEP Certification, LLC Certified Electrical Professional (CEP) Program [Code of Ethics](#), CEP Certification, LLC [Ethics Case Procedures](#), and other applicable CEP Certification, LLC CEP Program policies, and agree to act in accordance with these CEP Certification, LLC policies, and as they may be amended or revised
2. I have not been, nor am I currently, the subject of any charge, complaint, or conviction related to a criminal or quasi-criminal matter.
3. I have not been, nor am I currently, the subject of any formal complaint or charge by a government or other regulatory body, professional association, or certifying body.
4. I have not been found in violation of any law, regulation, or policy by a government or other regulatory body, professional association, or certifying body.
5. I have not been, nor am I currently, the subject of any other court or governmental matter or proceeding, related to my professional practice, or business activities.
6. I understand that any intentional or unintentional failure to provide timely, accurate, and complete responses to this Application may result in sanctions by the CEP Certification, LLC CEP Program.

*If you answered NO to any question(s) above please review [further instructions](#) as stated under **APPLICANT ETHICS REPRESENTATIONS AND AGREEMENTS**.*

CEP Online Application – This application can only be submitted online at www.naed-cep.org. No other form of application will be accepted.

Page 5 of 5

Payment details

Application will not be processed until payment is received and approved.

Pay with Credit Card

Card number Expiration date

Mastercard Visa American Express

Name of authorized cardholder

Address: City:

State: ZIP:

Country:

Phone email address

Pay with Check or Money Order

** Checks or money orders must be made payable to: CEP Certification, LLC, PO Box 843703, Kansas City, MO 64184-3703

How did you hear about NAED's CEP Program?

Questions? Contact NAED at certification@naed.org, or call 888-791-2512.

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By clicking "Submit," I certify that the information provided in this application is accurate and complete to the best of my knowledge.

Submit

SAMPLE - NOT FOR OFFICIAL USE