



# Educational Facilities Professional Program

## Applicant Information:

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Institution Name \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Country \_\_\_\_\_

Are you an APPA member?  Yes  No If yes, please enter your member Id. \_\_\_\_\_

Is this the first time you have applied for the EFP? Yes  No

If no, please indicate most recent exam participation date. \_\_\_\_\_

## Education: Please indicate the highest level of education and/or training completed.

High School Diploma/GED  Associate Degree  Bachelor Degree  Graduate Degree

Professional Degree  Diploma/Certificate  Other: \_\_\_\_\_

## Please list other certifications and/or licenses you may hold.

CFM (Certified Facilities Manager)

FMP (Facility Management Professional)

PE (Professional Engineer)

CHFM (Certified Healthcare Facility Manger)

Other: \_\_\_\_\_

What other associations and/or organizations do you belong to? \_\_\_\_\_



**Professional Experience:**

Please indicate how many years of experience you have in facilities management.

- Less than 2 years       2 to 5 years       6 to 9 years       10 to 14 years
- 15 to 19 years       20 to 24 years       25 years or more

Please indicate your job title, employer and briefly describe the duties for your last 3 (three) positions.

Job Title: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Areas of responsibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Service: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Areas of responsibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Service: \_\_\_\_\_

Job Title: \_\_\_\_\_ Employer Name: \_\_\_\_\_

Areas of responsibility: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dates of Service: \_\_\_\_\_

**ADA Compliance:** In accordance with the provisions under the American with Disabilities Act (ADA), examination administration modifications are available for applicants who qualify.

Are you in need of an examination in accordance with ADA?     Yes     No



**Eligibility Information:** Please choose the options below that best align with your background.

Educational Level

Experience Requirement

- |   |         |
|---|---------|
| <input type="checkbox"/> Facilities Management Masters or Bachelors Degree          | 0 Years |
| <input type="checkbox"/> Related Bachelors Degree or Non- Related Masters           | 2 Years |
| <input type="checkbox"/> APPA Institute for Facilities Management Graduate          | 2 Years |
| <input type="checkbox"/> Non Related BS/BA and Institute Graduate                   | 2 Years |
| <input type="checkbox"/> Related BS/BA and Institute Graduate                       | 2 Years |
| <input type="checkbox"/> Non- Related Bachelors Degree or Related Associates Degree | 3 Years |
| <input type="checkbox"/> HS Diploma or Non-Related Associates Degree                | 4 Years |

**Payment Information**

\$75 (Eligibility Application Fee)

\$150 (Training Materials – Optional for those not participating in the EFP Prep Course)

- Check enclosed

*Payable to: APPA Board for Educational Facilities Professionals Certification  
1643 Prince Street, Alexandria, VA 22314*

- Credit card *(please circle one)*

Visa       MasterCard       American Express

Cardholder's name \_\_\_\_\_

Card number \_\_\_\_\_

Expiration date \_\_\_\_\_

Total amount of charge \$ \_\_\_\_\_

Signature *(required)* \_\_\_\_\_

**Please submit your completed application including payment to:**

APPA Board for Educational Facilities Professionals Certification

1643 Prince Street

Alexandria, VA 22314

**P:** 703-684-1446

**F:** 703-549-2772

**Email:** certification @appa.org

