



## NATIONAL ENVIRONMENTAL HEALTH ASSOCIATION NATIONAL RADON PROFICIENCY PROGRAM

### TESTS AVAILABLE:

- Residential Radon Measurement Provider Examination
- Residential Radon Mitigation Provider Examination

### ELIGIBILITY:

For more information on the NEHA-NRPP tests, please visit the NEHA-NRPP web site at [www.neha-nrpp.org](http://www.neha-nrpp.org).

NEHA-NRPP  
P.O. Box 2109  
Fletcher, NC 28732  
Phone: (800) 269-4174  
Fax: (828) 890-4161  
E-Mail: [info@neha-nrpp.org](mailto:info@neha-nrpp.org)

You are responsible for scheduling an appointment to take the examination.

### TELEPHONE REGISTRATION

To schedule an examination, please call (800) 211-2754. The times of operation for live operators are as follows:

	Monday thru Friday	Saturday
Eastern Time	8:00am - 8:00pm	9:00am - 5:30pm
Central Time	7:00am - 7:00pm	8:00am - 4:30pm
Pacific Time	5:00am - 5:00pm	6:00am - 2:30pm

### CANCELING AN EXAMINATION APPOINTMENT

You may cancel and reschedule an examination appointment without forfeiting your fee if your *cancellation notice is received 24 hours before the scheduled examination date*.

**Note:** A voice mail message is not an acceptable form of cancellation. Please use the telephone system and speak to a Customer Service Representative.

### MISSED APPOINTMENT OR LATE CANCELLATION

Your registration will be invalid, you will not be able to take the examination as scheduled, and you will forfeit your examination fee, if you:

- Do not cancel your appointment 24 hours before the schedule examination date;
- Do not appear for your examination appointment;
- Arrive after examination start time;
- Do not present proper identification.

### SECURITY PROCEDURES

The following security procedures will apply during the examination:

- While at an examination site, you are considered to be a professional and shall be treated as such. In turn, you must conduct yourself in a professional manner at all times. While at the site, you shall not use words or take actions that are vulgar, obscene, libelous, or that would denigrate the staff or other candidates.
- NO conversing or any other form of communication among candidates is permitted once you enter the examination area.
- Cell phones, pagers, and children are not allowed in the examination center. **NO personal items are to enter the testing center.** Candidates are encouraged to leave all personal belongings except their keys in their car.
- No smoking, eating, or drinking will be allowed at the examination site.
- Copying or communicating examination content is a violation of security policy. Either one may result in the disqualification of examination results and may lead to legal action.

### TESTING SITES

There are nationwide examination centers. You will be provided with the locations upon scheduling for your examination.



## MAIL OR FAX PAYMENT FORM

(Please print all information clearly)

If all information is not completed and legible, your check and form will be returned to you.

\*Indicates REQUIRED information

\*Legal Last Name \_\_\_\_\_ \*Legal First Name \_\_\_\_\_

\*Home Address \_\_\_\_\_

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

\*Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address (For registration confirmation) \_\_\_\_\_ @ \_\_\_\_\_

\*Examination Title \_\_\_\_\_

Note: For State Board of Cosmetology please provide the state in which you will be applying for licensure \_\_\_\_\_

If you are faxing this form you must pay by credit card.

\*Total Fee \$ \_\_\_\_\_ (Acceptable forms of payment: Mastercard, VISA, Money Order, Personal Check, Company Check, or Cashier's Check)

Credit card payment (Check one)

MC  VISA

Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Verification No: \_\_\_\_\_ *For your security, PSI requires you to enter the card identification number located on your credit card. The card identification number is located on the back of the card and consists of the last three digits on the signature strip.*

Cardholder Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Please make check payable to PSI. Complete and forward this registration form with the applicable examination fee to:

PSI/Lasergrade  
16821 SE McGillivray Blvd, Suite 201  
Vancouver, WA 98683  
Fax 360-891-0958  
www.psiexams.com

A Customer Service Representative will contact you when your payment has been received and processed.  
Please allow a minimum of 10 days for processing.

**FAXED FORMS MUST INCLUDE CREDIT CARD INFORMATION FOR EXAMINATION PAYMENT**