

Basement Health ™

Certification Application

The Basement Health Association offers four separate certificates:

- Certified Waterproofing Specialist (CWS)
- Certified Structural Repair Specialist (CSRS)
- Certified Egress Specialist (CES)
- Certified Basement Air Quality Specialist (CBAQS)

Qualifying Criteria

- At least two (2) years of active employment in the industry.
- A fully completed application and payment of the application fee must be received by Basement Health Association at least two weeks prior to the scheduled test date.
- Membership in Basement Health Association by sponsoring employer for at least one year prior to application.
- Pass qualifying examination.

Requirement to Maintain Certification

- Maintain active membership in Basement Health Association.
- Obtain 15 credits every two (2) years, which can be earned through continuing professional education (CPE) or association participation. Evidence of CPE obtained outside BHA must be submitted at the time of certification renewal.

Study Guide

Applicants are strongly encouraged to acquire and study the reference materials pertinent to their certification path. The information in these materials will be covered in the examination for certification. Each certificate offered requires understanding of the following documents published by and can be downloaded at no cost from the [Occupational Health & Safety Administration](#) (OSHA):

- OSHA Document #3080, revised 2002, Hand and Power Tools
- OSHA Document #3260, Construction Personal Protective Equipment
- OSHA Document #R08-2011, Safety Guide
- OSHA Document #2202, Construction Industry Digest

- OSHA Document #3146, Fall Protection
- OSHA Document #29 CFR 1926.650, Trenching and Excavation Safety

All applicants are expected to know and understand the **BHA Standards of Practice and Code of Ethics**, which will be provided by BHA.

Study materials for each certification path are shown as follows. Follow the embedded links to download and/or purchase.

CWS	CSRS	CES	CBAQS
<ul style="list-style-type: none"> • Causes, Evaluation, and Repair of Cracks in Concrete Structures #ACI 224.1, R07 • An Overview of Solutions to Basement Moisture Problems #FO-07051 • French Drain for Health by Stephen Andras • Use of Epoxy Compounds with Concrete #ACI 503R-93 • Construction Waterproofing Handbook, 2nd edition, by Michael Kubal 	<ul style="list-style-type: none"> • The Day the House Fell by Richard L. Hamdy, Ph.D. • Residential Foundation Performance: A Study of Repaired Foundations by W. Tom Witherspoon, PE <i>(purchase from the International Association of Foundation Drilling, 8445 Freeport Parkway, Suite 325, Irving, TX 75063; 469-359-6000)</i> 	<ul style="list-style-type: none"> • Basement Egress White Paper <i>(provided by BHA)</i> 	<ul style="list-style-type: none"> • Overview: Video 1 of 9 • Radon: Video 2 of 9 • Mold: Video 3 of 9 • Mold Continued: Video 4 of 9 • Excessive Moisture: Video 5 of 9 • Visual Inspection: Video 6 of 9 • Regulations: Video 7 of 9 • Building Science: Video 8 of 9 • HVAC: Video 9 of 9

Instructions

1. Answer all questions completely. General or summary responses will not be accepted.
2. Each applicant and his or her employer must sign and date his or her signature.
3. All responses to questions contained in this application are subject to verification by BHA. By signing this application, the applicant and employer authorize BHA and its agents and/or employees to obtain verification of all information contained herein.

4. Upon completion, return this application to the Basement Health Association. Mail to 136 South Keowee Street, Dayton, OH 45402 USA; fax to (937) 222-5794; or email a PDF copy to info@basementhealth.org.
5. Include with your application payment of the application fee (\$500.00). Checks should be made payable to Basement Health Association. **All fees are non-refundable and non-transferrable.** Payment of the application fee does not guarantee approval of certification.
6. Print or type answers. Illegible writing will be cause for delayed review or, possibly, rejection of the application.
7. The applicant must sit for the examination within one year of being notified of his or her eligibility to test for certification.

The Basement Health Association (BHA) does not certify, sponsor, or endorse its members' products or services. Successful completion of the certification process accredits that individual as a BHA Certified Specialist, in the category of his or her choosing and only entitles the member firm to inform the public that it has a BHA certified member on staff. It is a violation of BHA's Code of Ethics to advertise or imply that the BHA certifies a member company, that the member company is certified by the BHA, or, in any way, implies any endorsement of the members' products or services by the BHA.

Applicant Information

Use additional sheets if necessary. Detailed itemization is required.

Personal Information

Name:
Home Address:
City, State, Zip:
Home Telephone Number:
Email Address:

Identify your certification path. Check only one.

- Certified Waterproofing Specialist (CWS)
- Certified Structural Repair Specialist (CSRS)
- Certified Egress Specialist (CES)
- Certified Indoor Air Quality Specialist (CIAQS)

Education Background

	NAME	YEAR GRADUATED	MAJOR
High School			

College			
Post Graduate			

Professional Education

List all waterproofing or related training programs you have completed.

DATE	DESCRIPTION	SPONSORING ORGANIZATION

Industry Participation

List your participation in national, state, or local waterproofing or related trade organizations.

DATE	DESCRIPTION OF YOUR PARTICIPATION	NAME OF ORGANIZATION

Employment

List all waterproofing or related employment and demonstrate four years active employment in the industry. The information contained herein should evidence your expertise in management, production and administration as well as your overall competence in the industry. If the applicant feels an explanation is needed, use a separate sheet.

DATES OF EMPLOYMENT	NAME, ADDRESS & TELEPHONE NUMBER OF EMPLOYER	POSITION AND JOB DESCRIPTION

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Employer Information

Name of Employer:	
Address of Employer:	
City, State, Zip:	
Telephone Number:	Fax:
Email Address:	Website:
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other	
How many years have you been in business?	
Date of membership in Basement Health Association:	
For how many years has the applicant been in your employ?	
<p><i>The purpose of this program is to recognize those in the industry who are leaders in the profession. How does the applicant qualify in this regard? (Use additional sheets if necessary.)</i></p>	

Attestation of Applicant

The undersigned applicant hereby attests that the information provided is true and that he or she has fully read the goals, criteria and requirements of continuing professional education in becoming a BHA Certified Specialist, fully understands, and will abide by same. Further, the applicant acknowledges he or she has read and fully understands the Rules of Ethics and Standards of Practice of Basement Health Association (formerly the National Association of Waterproofing and Structural Repair Specialists) and agrees to abide by and perform his or her employment based upon those ethics and standards. The undersigned further authorizes Basement Health Association, its agents and/or employees to obtain verification of any information contained in this application.

Date

Applicant

Attestation of Employer

The undersigned employer of the applicant has fully read the goals, criteria and requirements of continuing professional education required of the applicant in becoming and maintaining a BHA Certified Specialist status. Having done so, employer agrees to encourage the applicant to maintain the requirements set forth. Further, employer has fully read the application, has verified the information contained therein and states the information contained therein is true to the best of employer's knowledge and belief. The undersigned further authorizes the Basement Health Association, its agents and/or employees to obtain verification of any information contained in this application.

Important Notice

Basement Health Association (formerly the NAWSRC) does not certify, sponsor or endorse its members' products or services. Successful completion of the certification process accredits that individual as a BHA Certified Specialist. It is a violation of Basement Health Association's Code of Ethics to advertise or imply that BHA certifies a member, that the member is certified by BHA, or, in any way, implies any endorsement of the members' products or services by BHA.

Date

Enter employer name

If corporation:

Signature of person authorized to sign.

Print Name: _____

Title: _____

PAYMENT METHOD:

Check payment option. If paying by check, make payable to Basement Health Association in the amount of **\$500.00**. Refer to "certification application fee" on your check.

Check American Express MasterCard Visa

Account #

Expiration

Cardholder Name

V-Code

Cardholder
Signature

Billing Address

Don't know where to find your Card Security Code? Go to <http://www.registrar.com/cov2.html>.