



Announcing the

Certified Egress Specialist

Application Attached

The BHA Certified Egress Specialist Program© is a comprehensive program of work experience, textbook and classroom study designed to qualify members of the profession as leaders of the basement egress industry.

Successful candidates will demonstrate their ability to read, comprehend, and demonstrate their knowledge in various areas of the industry.



Upon application, the candidate will be required to demonstrate a minimum of one year of employment in the industry with an emphasis on management, production and administration. The application must also show the candidate's dedication to ethical behavior and education. Upon acceptance of the application, the candidate will receive a study guide containing books, articles and other information on such subjects as the IRC R310 egress code, egress windows and wells, bulkhead and door codes, job safety, construction, and ethics. The applicant will use these materials to prepare himself or herself for a thorough examination to test his/her comprehension and knowledge. Upon successful completion of the examination the applicant will be awarded their designation as a BHA Certified Egress Specialist ©.

But the program does not stop there. To maintain active certification, the successful candidate must obtain 15 credits every two years, which can be earned either through continuing professional education or association participation.

So, here is your opportunity to obtain even more credibility in the industry. For information, and an application for certification write:

Basement Health Association
Certified Egress Specialist Certification Program
136 South Keowee Street
Dayton, OH 45402 USA

Or call the toll-free number **1-800-245-6292**.

Technical Areas

Applicants are required to demonstrate their knowledge and comprehension in the following areas:

The IRC (2012) Code Section R310 and R311.1: According to the IRC (2012) Code Section R311.1, "All dwellings shall be provided with a means of egress as provided in the IRC egress code sections." A true professional's knowledge of the egress codes is essential.

Egress Window and Well Installations: Proper installation of residential egress systems is what sets certified specialists apart. Applicants are required to have full knowledge of all the steps necessary for a safe and successful installation.

Safety: Federal and state laws relating to safety in the work place are widely publicized. In recent years, both state and federal agencies have come down hard for even the most minor infraction. OSHA and other federal and state regulations require a sophisticated knowledge of the law as it applies to the workplace. Awareness and the application of these laws is required knowledge of any successful candidate.

Ethics: Basement Health Association was founded for the purpose of maintaining the highest ethics and standards of practice for the industry. The successful candidate will demonstrate their thorough knowledge of the Canons of Ethics and Standards of Practice of BHA.

Basement Health



Egress Certification Program Application

Criteria for Eligibility:

1. An applicant must have at least one year of active employment in the structural repair industry.
2. An applicant's employer must be a member of Basement Health Association (formerly the National Association of Waterproofing and Structural Repair Specialists) for a period of one year immediately prior to the submission of this application.
3. An applicant must demonstrate, through this application, their eligibility via a combination of industry employment, management skills, participation in industry related training programs, participation in national, state or local basement egress or related trade organizations.

Instructions:

1. Complete all questions in full. General or summary responses will not be accepted.
2. Each applicant and their employer must sign and date their 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, its agents and/or employees, to obtain verification of all information contained herein.**
4. Upon completion, return this application to Basement Health Association, 136 South Keowee Street, Dayton, OH 45402 USA.
5. **Include with your application, a current photograph of the applicant, and a check payable to Basement Health Association in the amount of \$500.00. All fees are non-refundable.**
6. Application fees include books, magazines, and other study material, testing materials, program administration, and a certificate suitable for framing.
7. Attach extra sheets if additional space is needed.
8. Please print or type answers. Your application may be delayed if an answer is illegible.
9. The applicant must sit for the examination within one year of being notified of his or her eligibility to take the examination.

PLEASE NOTE: 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 an NAWSRC Certified Egress Specialist ® and entitles the sponsoring organization to advertise that it has an NAWSRC certified member on staff only. It is a violation of BHA's Code of Ethics to advertise or imply that the BHA certifies a member, that the member 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.

Personal Information

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

Education Background*

	NAME	YEAR GRADUATED	MAJOR
High School			
College			
Post Graduate			

Professional Education*

List all basement egress or related training programs you have completed.

DATE	DESCRIPTION	SPONSORING ORGANIZATION

Industry Participation*

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

DATE	DESCRIPTION OF YOUR PARTICIPATION	NAME OF ORGANIZATION

*Detailed itemization is required.

Employment*

List all basement egress or related employment and demonstrate 1 year active employment in the basement health 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

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?	
What percentage of your total business is egress installations?	
Date of membership in Basement Health Association:	
For how many years has the applicant been in your employ?	
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.)	

*Detailed itemization is required.

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 Egress 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.

I verify that I have at least one year of experience in the basement egress industry.

_____ Date _____ Applicant

Attestation of Employer

The undersigned employer of the applicant has fully read the goals, criteria and requirements of continuing professional education required the applicant in becoming a BHA Certified Egress Specialist ®. 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 BHA, 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 Egress Specialist ® on staff. 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: _____

- To recognize those members of the industry who have demonstrated superior knowledge in egress.
- To provide a standardized method to enable members of the industry to demonstrate their knowledge and expertise.

- To promote the goal of continuing professional education and the highest ethics and performance standards within the industry.
- To establish a program of continuing professional education within the industry.

Qualifying Criteria

- At least 1 year of active employment in the industry.
- Membership in the BHA by sponsoring employer for at least 1 year prior to application.
- Demonstrate high industry standards and a dedication to continuing professional education.
- Pass qualifying test.

Requirements to Maintain Certification

- Obtain 15 credits every two years, which can be earned either through continuing professional education or association participation.

PAYMENT METHOD:

Check enclosed, made payable to Basement Health Association in the amount of \$500.00. Include the **Invoice Number** on your check.

Check
 American Express
 MasterCard
 Visa

Account #	Expiration
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Cardholder Name	V-Code
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Cardholder
Signature

Billing Address

Don't know where to find your Card Security Code? Go to <http://www.registrar.com/cvv2.html>.