NCBDC Board of Examiner Application

GENERAL INFORMATION

Full Name: ________________________________
Designations: ____________________________ Business Name: ________________________________

Business Address Street: ____________________________
Unit/Suite: ____________ City: ____________________________ State: ____________ Zip: ____________

Business Phone: ____________________________ Mobile Phone: ____________________________ Home Phone: ____________________________
Fax Number: ____________________________ E-mail: ____________________________

Additional certifications/licenses
Please check all that apply:
☐ Architect
☐ Engineer
☐ Building Contractor
☐ Building Inspector
☐ Interior Designer
☐ Certified Kitchen/Bath Designer
☐ USGBC LEEDs Certified
☐ NAHB Green Certified
☐ Certified Aging in Place Specialist
☐ HERS Rater
☐ Other ____________________________

Interest Categories—those areas you feel you have specific knowledge that would beneficial to the Board.
Please check all that apply:
☐ Administration
☐ Building Accessibility
☐ Building Codes
☐ Building Materials
☐ Construction Documents
☐ Construction Observation
☐ Design
☐ Education and Training
☐ Certified Aging in Place Specialist
☐ Other ____________________________

Have you provided exam preparation or educational training for candidates or potential candidates in the past 24 months?
☐ Yes  ☐ No

Indicate any special skills, talents or services you can provide during your term as examiner. (Use additional sheets of paper if necessary)

Indicate the single most important challenge you want to achieve during your term as examiner. (Use additional sheets of paper if necessary)

- Examiners must have been certified at least one year.
- Examiners are expected to participate in at least two of the three required meetings annually.
- Examiners are expected to travel at least one time each year.
- Examiners are expected to attend periodic online exam development and administration training sessions.
- Examiners are expected to serve on at least one committee or task force at any one time.

Signature: ____________________________ Date: ____________________________