

CPS Application

Thank you for your interest in taking the Certified Plant Supervisor training!

Illinois ASBO, in partnership with the Association for Facilities Engineering (AFE), presents the Certified Plant Supervisor (CPS) training and examination. All applications must be sent through Illinois ASBO in order to take the training and exam.

The total cost for the program is \$750.00 and must be paid in-advance. You will need to be approved before the study materials can be sent and before you may take the exam. No exceptions.

In the attached application, please disregard the FEES sections pertaining to the application, material and live instruction on the first page since this program will be going through Illinois ASBO and these costs will not be applicable. You may leave this area blank.

Please fill out the check/credit card blanks, found right beneath the Live Instruction sentence in the FEES section, as this is the only area available to fill out the billing information. Lack of/or improper completion of the billing information will result in a delay of acceptance of taking the exam. If you have any problems finding the billing area on the first page of the application, please contact our office.

After completing the application, please send the application form and payment to Stephanie Salvatierra at Illinois ASBO either through e-mail at ssalvatierra@iasbo.org or by fax at (815) 516-0184.

Good Luck on the Exam!

Thank you, Illinois ASBO

Contact Illinois ASBO:



CPS Application Form

OVERVIEW

Supervisors must demonstrate proficiency in varying roles within the plant/facility workplace that include a blend of technical know-how and interpersonal skills. Basic supervision requires individuals that understand what to do in the face of change, be effective communicators, empower employees and enable them to overcome the daily challenges they face.

As more plant and facilities personnel move into leadership roles, they find they must clearly demonstrate their expertise. Becoming a

Certified Plant Supervisor (CPS) will leave no doubts about your ability to provide first-line supervision within the organization. The CPS credential is designed to validate that you, as a certified individual, possess the professional expertise and knowledge required to successfully perform plant and facilities supervisory activities.

OBJECTIVES OF THE PROGRAM

- To provide a standard of professional competence in the field plant/facility supervision.
- To identify and recognize those individuals who, by passing an examination and fulfilling requirements of experience, responsibility and conduct, meet that standard.
- To encourage professionals or those aspiring to promote to supervision in a continuing program of professional development.
- To stimulate and provide a standard for the development of educational curricula and degree programs for plant/facility supervisory professionals.
- To enhance the status of plant/facilities supervision as a unique discipline and profession by demonstrating that a realistic standard of professional competence can be clearly defined.

AFE Certified Plant Supervisor Application Instructions:

Each application must meet the following requirements before processing. This application must be filled out completely and signed. The employment verification form needs to be completed by your employer(s) based on your employment history and eligibility. Applications will not be processed until all supporting documentation has been received by AFE. All fees are non-refundable. Mail completed application to:

to: PERSONAL DATA (Please pri	nt or type.)			
Name Mr. Mrs. Ms.		Employer		
Employer Address				
City		State	Zip	
Telephone			DOB	/ /
Home Address				
City		State	Zip	
Home Phone	E-mail			
Preferred Mailing Address: Comp	pany Home	AFE Member?	Yes No	
Filing fees for the CPS application are \$ Application/Exam: \$575 member Review Material/CPS Review Pak	(Includes exam fee)	\$760 non-member	(Includes exam fee))
Review Course Location (Registration In	· ·	(Bblud) [12]	0 non-member (inc	ludes shipping)
Live Instruction \$1295 member	\$1495 non-member	Virtual \$1175	member \$137	5 non-member
A check is enclosed for \$	PO#	or please cha	arge my AME	X MC VISA
Acct #	Exp date	/ Signature		
EDUCATION Highest level completed: HS	College exp-no degree	Vocational/Associate	Bachelor's	Master's Doctorate
HEADQUARTER'S USE ONLY:				
Membership ID#	Date Paid: //	Check #		
Amount Paid: \$ Application	#:	Reference #:	Certific	cation #
Certification Date: / /	Approved By:			

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EMPLOYMENT DATA

Please complete the following in reverse chronological order, beginning with your present position. If further space is required to explain job responsibilities or to provide additional work experience, please list this information on a separate sheet of paper and attach it to the application.

CURRENT EMPLOYMENT
From (Mo/Yr)/ To (Mo/Yr)/
Employer's Name and Location
Immediate Supervisor's Name and Title
Your title Number of Years of Plant Engineering/Management Experience Number of Years of Maintenance experience
Duties and Responsibilities
From (Mo/Yr) / To (Mo/Yr) /
Employer's Name and Location
Immediate Supervisor's Name and Title
Your title Number of Years of Plant Engineering/Management Experience Number of Years of Maintenance experience
Duties and Responsibilities
From (Mo/Yr)/ To (Mo/Yr)/
Employer's Name and Location
Immediate Supervisor's Name and Title
Your title
Number of Years of Plant Engineering/Management Experience
Number of Years of Maintenance experience
Duties and Responsibilities
AFE Certified Plant Supervisor Certificate Affidavit and Pledge: The applicant acknowledges that the Certification Board of the Association for Facilitates Engineering, by its usual standards and procedures, will investigate and

The applicant acknowledges that the Certification Board of the Association for Facilitates Engineering, by its usual standards and procedures, will investigate and compile a record with respect to all aspects of the applicant's career. The applicant agrees to provide any additional information in connection with the investigation as may be required. In consideration of the services to be rendered by the Certification Board, the applicant hereby releases, discharges and exonerates the Certification Board of the Association for Facilities Engineering, its officers, directors, and agents from any and all liability of every kind and nature arising out of the procedures, information transmitted concerning the application, or action of the Board in approving or disapproving applications.

I hereby attest that the above information and its attachments are true and complete. I understand that the Association for Facilities Engineering certification programs will not discriminate among applicants as to age, sex, race, color, religion, national origin, disability, citizenship status or veteran status. I further pledge to maintain the highest ethical standards of practice in carrying out my assigned duties with regard to this certification.

Signature Date _____

REQUEST FOR VERIFICATION OF EMPLOYMENT



This form needs to be completed by your employer(s) based on your employment history and eligibility (i.e. If you have been with your current employer for three or more years, one form is required. If you have been with several companies within an three year period, a form for each employer is required).

Applicant's Address

Applicant's Address
Dear
I am applying to the Association for Facilities Engineering (AFE) to become a Certified Plant Supervisor (CPS). In this regard, I authorize the release of the requested information enclosed which verifies my employment and duties from the period
to
Please furnish the requested information as completely as possible, and return to the AFE Certification Board.
The receipt of replies will be reported by AFE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for the Certified Plant Supervisor.
Applicant's signature

To Be Completed	Applicant's Name				
By Applicant	Address				
	City	State	Zip		
	Letter of Employment Verification				
To Be Completed	The following information verifies the employ	ment and duties of	the above		
By Employer	applicant for AFE's Certified Plant Supervisor F	Program:			
Employer	Company Name				
	Address				
	City	State	Zip		
Employment	The above named applicant was (has been) employed by our company from				
Period	to	He/she has held the following positions:			
	Title	Dates			
	Title	Dates			
	Title	Dates			
Job Function	Please describe in full the responsibilities of the were/are classifed as: (Attach descriptions if note that the standards of professional practice, or to the responsibilities of the standards of professional practice, or to the responsibilities of the standards of professional practice, or to the responsibilities of the standards of professional practice, or to the responsibilities of the were/are classified as: (Attach descriptions if note that the standards of professional practice, or to the responsibilities of the were/are classified as: (Attach descriptions if note that the standards of professional practice, or to the responsibilities of the were/are classified as: (Attach descriptions if note that the standards of professional practice, or to the responsibilities of the standards of professional practice, or to the responsibilities of the standards of professional practice, or to the responsibilities of the standards of professional practice, or to the responsibilities of the standards of professional practice, or to the responsibilities of the standards of professional practice, or to the responsibilities of the standards of professional practice, or to the responsibilities of the standards of professional practice, and the s	en against the applicules and regulations	ant because of violations of the of your firm?		
Affidavit	To the best of my knowledge and our employment records, I hereby attest that the above information is true and correct. Name of person supplying information Official Title of Respondent Signature Return to: Illinois ASBO, 108 Caroll Ave, NIU, IA-103 DeKalb, IL 60115 phone: (815) 753-9350 fax: (815) 753-9365 email: ssalvatierra@iasbo.org				
	AFE HEADQUARTERS USE ONLY: Date Receive	ed	File #		



