



Renewal Application Form



**Exam Types:
CFSE/CFSP**

- Process Safety (Applications)
- Safety Hardware Development
- Safety Software Development
- Machinery Safety (Applications)
- Automotive Safety



CACE/CACS

- Integration Cybersecurity
- Automation Cybersecurity
- Software Development Cybersecurity

Check List

Payment
(2Checkout.com)

Yes

No

E-mail saved Renewal application in **PDF** format to:
CFSE Administrator
admin@exidacfse.com



Renewal Application Form



Board User Only		
Fees paid		Accept for Reivew
Qualification Check		Review team ID #
Experience Check		Accepted

IMPORTANT!:

ALL information provided on this form must be **TYPEWRITTEN** (Handwritten Applications will **NOT** be accepted). This application **MUST** be completely filled out in order to be reviewed by the CFSE AB. Do not leave any section blank. Use answers of "not applicable" or "no update" as appropriate if the question does not apply to your particular case. Omission of required information may prevent the processing of our exam. The documents **MUST** be sent in PDF formate via e-mail.

Certification Being Renewed

A. Functional Safety Exam Type

<input type="checkbox"/> CFSE	<input type="checkbox"/> CFSP
<input type="checkbox"/> Process Safety (Applications)	<input type="checkbox"/> Machinery Safety (Applications)
<input type="checkbox"/> Safety Hardware Development	<input type="checkbox"/> Automotive Safety
<input type="checkbox"/> Safety Software Development	

B. Cybersecurity Exam Type

<input type="checkbox"/> CACE	<input type="checkbox"/> CACS
<input type="checkbox"/> Integration Cybersecurity	<input type="checkbox"/> Automation Cybersecurity
<input type="checkbox"/> Software Development Cybersecurity	

C. Personal Data - **certificate shipped to this address**

First Name	<input type="text"/>	Middle Initial	<input type="text"/>	Last Name	<input type="text"/>
Home/Work Address	<input type="text"/>				
City	<input type="text"/>	State	<input type="text"/>	Postal Code	<input type="text"/>
		Current Employer	<input type="text"/>	Date of Birth	<input type="text"/>
Day Time Phone Number <small>(Include country & city codes)</small>	<input type="text"/>	Email	<input type="text"/>		

D. University/College Education earned since original certification OR last renewal.

College OR University (Name, City, State, Country)	Dates Attend From (MM/YYYY)	Dates Attend To (MM/YYYY)	Number of academic years completed	Course of study or major	Type of Degree/ diploma earned	Scanned COPY of Transcripts OR diploma
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Copy sent via email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Copy sent via email

E. Licenses, Registrations & Certifications

<input type="checkbox"/> PE	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>	<input type="checkbox"/> Other	<input type="text"/>
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F. Summary of Professional Safety/Security Experience since original certification OR last renewal

Employer Name (List MOST recent first.)	Position and Safety Responsibilities	Start Date (MM/YY)	End Date (MM/YY)	Months in Position
Sample Company	Sample Project Engineer- Responsibilities involved constructing and evaluating prototypes including testing and analysis for design verification, products validation, and robust achievement of performance requirements.	01/2012	Current	36
Total Months				
→				

G. Payment Information

(The renewal application fee is not refundable.)

Fee Paid By:	
<input type="checkbox"/> Bank Check or Money Order (U.S. or Australian Dollars ONLY)	Date Processed <input type="text"/>
<input type="checkbox"/> Paid fee online (2checkout.com)	Order Number <input type="text"/>
<input type="checkbox"/> Purchase Order (e-mail PAID receipt)	PO/Company Name <input type="text"/>
Please make checks/money orders payable to: exida Consulting LLC	

H. Validation

I further agree to adhere to the Advisory Board's Code of Professional Conduct in it's current and subsequent editions and, if I my renewal application is accepted to meet the requirements for continuance as a CFSE/CFSP/CACS/CACE.

Digital Signature	<input type="text"/>
Typed Signature	<input type="text"/>
Date:	<input type="text"/>

I. Information for web page since original certification OR last renewal

Job Title:	<input type="text"/>
Company Name	<input type="text"/>
Name listed on certificate:	<input type="text"/>

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