



Pump Systems Assessment Professional (PSAP) Certification Application Form

Responsibility: It is the applicant's responsibility to read, understand, and follow all instructions given in this application. It is also the applicant's responsibility to submit a complete application and supporting documentation to avoid delays on processing. If you have any questions, contact the Hydraulic Institute at 1-973-267-9700 or psap@pumps.org.

Eligibility: To be eligible for certification, applicants must have a minimum of three (3) years of professional pump/pumping system experience and possess an undergraduate or graduate degree in a STEM or business field. In lieu of an undergraduate or graduate degree, applicants must possess direct industrial or commercial fluid transfer and pumping systems professional experience with five (5) or more years in a field/management position and have completed a minimum of seven (7) pump systems assessments.

Exam Fee: The certification exam fee for applicants is \$575, which may be submitted via the HI website at <https://training.pumps.org/p/psap>. If your application is denied, you will be refunded the certification exam fee minus a \$125 administrative fee.

General Information and Instructions:

1. Applicants must fully meet all eligibility requirements at the time of application prior to moving forward with the certification process. If you do not meet the eligibility requirements, your application will be denied.
2. This application must be filled out completely and legibly to be considered.
3. Please avoid using abbreviations that the application reviewer may not be familiar with. This will only delay the review. Spelling out abbreviations will aid in processing the application and avoid requests for clarifications.
4. You must sign the Certification Agreement in order to proceed with processing your application. Falsifying information is a violation of the 'Code of Ethics of Pump Systems Assessment Professionals' and could result in a denial of your application or a loss of your certification already issued. Please review the Code of Ethics on the certification website at www.pumps.org/psap.
5. A completed application form, supporting documentation, and fees must be submitted in order to proceed with processing your application.

**RETURN COMPLETED FORM AND
SUPPORTING DOCUMENTATION VIA
EMAIL OR POSTAL MAIL TO:**

Hydraulic Institute
300 Interpace Parkway
Building A, 3rd Floor
Parsippany, NJ 07054
Email: psap@pumps.org

SECTION 1: GENERAL INFORMATION		
Prefix:	Mr.	Mrs. Ms. Dr.
Name:		
PSAP No.:	Cert Expiration Date:	
Mailing Address:	City:	
State/Province:	Postal Code:	Country:
Email:	Phone Number:	
Business/Employer Name:		
Job Title:	Primary Industry:	
<p>Please check here if you are requesting special accommodations for your examination. You will be required to submit supporting documentation and must be submitted within the required time frame in advance of your anticipated examination date.</p>		
<p>What is your reason for applying for PSAP certification?</p> <p>Personal Development Employer Suggestion Employer Requirement Other:</p>		

SECTION 2: EDUCATION	
<p>Applicants must possess an undergraduate or graduate degree in a STEM or business field. Official transcripts (hardcopy or electronic) can be requested from your college or university. This is used to verify your education. In lieu of an undergraduate or graduate degree, applicants must possess at least 5 years of experience and have completed a minimum of seven pump system assessments.</p>	
Fill out the information below:	
STEM or Business Degree:	Associates Bachelors Masters Doctorate
Field of Study:	Year of Graduation:
Name of School Attended:	
City:	State: Country:
<p>Check here if you have requested an official transcript from your college or university.</p> <p>Check here if you are demonstrating more than five (5) years of experience. Note that applicants will have to submit a summary of seven (7) pump system assessment projects that they completed.</p>	

SECTION 3: EXPERIENCE

Your current supervisor must sign and attest to the work experience claims made below. If you are self-employed, such as an independent consultant, you can either have a colleague sign or sign yourself. An electronic signature may be used or, you may have your supervisor send an email to psap@pumps.org attesting to the information. If an email is sent, you must have them clearly state who the attestation is for. Applicants may attach a resume to describe pump system experience.

Fill out the information below:

Give a brief description of your pump system experience and typical job duties:

I _____ (*Print Supervisor's Name*) attest that the work experience information presented above by _____ (*Print Applicant's Name*) is accurate to the best of my knowledge.

Supervisor's Name: _____ Job Title: _____

Supervisor Signature: _____ Date: _____

Check here if you are self-employed and signing for yourself



Certification Agreement

In order to qualify for certification, applicants must agree to each of the following statements. Read the statements carefully, then initial and sign at the bottom. You may use an electronic signature.

1. I agree to comply with and conduct myself in accordance with all HI certification program policies and requirements. In addition, I agree not to provide to any individual or organization in any manner, the specific content of PSAP examination questions or answers to such questions.
2. I agree to comply with and conduct myself in accordance with the PSAP Code of Ethics.
3. I agree to notify HI in a timely manner regarding changes concerning the information provided, including my current name, address, email address, and telephone number.
4. I agree that HI has the right to communicate with any person, government agency, or organization to review or confirm any of the information submitted in conjunction with my application for certification or renewal. Furthermore, I agree to and authorize the release of any information requested by HI for such review and confirmation.
5. I agree that all materials that I submit to HI become the property of HI and that HI is not required to return any of these materials to me.
6. I agree that upon achieving certification status, my name may be posted on the HI certification website as part of an online registry to be created and maintained by HI.
7. I agree that all disputes relating to my application or certification status will be resolved solely and exclusively in accordance with HI certification policies, procedures, and appeals processes.
8. I understand that HI reserves the right to suspend or revoke the certification of any individual who is determined to have failed to uphold or otherwise breached this agreement including any misrepresentations made in application or renewal statements.
9. I agree to return my certificate to HI if for any reason I fail to maintain certification status or if my certificate is revoked.
10. I release and indemnify HI from all liability and claims that may arise related to my PSO and related activities.
11. I hereby release, discharge and indemnify HI, its directors, officers, members, staff, and representatives/agents and consultants from any actions, suits, obligations, damages, claims, or any other action taken in connection with this application and my examination.

_____ I have read and understand all of the policies and procedures described in the Candidate Handbook.

_____ I have read and accept the terms and responsibilities outlined in the Certification Agreement.

_____ I declare that all of the information I have provided is accurate, true, and complete to the best of my knowledge. Furthermore, I understand that any misrepresentation or incorrect information provided to HI can result in disciplinary action, up to and including the suspension of my eligibility for certification.

Print Name

Signature

Date