

OFFICIAL APPLICATION Building-Biology Practitioner™ (BBP)™

Please Mail Notarized Application to:
International Institute for Bau-Biologie & Ecology
P.O. Box 738 • Lyles, TN 37098
Phone: 866-960-0333

Required for certification as a Building-Biology Practitioner:
Successful completion of 50 contact hours of 200 level on-line courses and completion of the self-study course (IBE 101).

The IBE Certification Board will treat the information in this application as confidential. Complete each section as completely as possible to ensure that the IBE Board has adequate information to consider your certification. Include additional pages where necessary. Be sure to have the application notarized before mailing. We verify all projects before submitting application to the IBE Board.

CONTACT INFORMATION

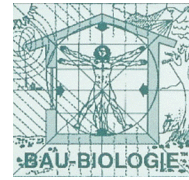
Full Name: _____
Home Address: _____
Home Phone: _____
Email Address: _____
Professional Title: _____
Company Name: _____
Business Address: _____
Business Phone: _____

Check all that apply:

Address for Correspondence: _____ **I am challenging the IBE 101 course (\$200)**
_____ **Home** _____ **I am challenging on-line courses (\$4/hour)**
_____ **Business** _____ **(list the specific courses on a separate sheet)**

LICENSES AND DESIGNATIONS:

Please list or describe any professional designations, licenses or registrations currently held, and the circumstances under which any such titles have been revoked. Attach a resume if necessary. If more space is needed, please use a separate sheet.



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ELIGIBILITY

In addition to a high school diploma or GED, the IBE requires two (2) years of IAQ, EME or NHB-related field experience **OR** a combination of one (1) year of IAQ, EME, or NHB-related field experience and a college degree (AA or higher). Please attach extra sheets if necessary in filling out the following sections.

In addition, to challenge an exam successful completion of the relevant on-line courses and correspondence courses is required.

EDUCATION

High School/GED: _____ College/University: _____

City and State: _____ City and State: _____

Year of Graduation: _____ Degree and Year: _____

Major: _____

IBE REQUIREMENTS

Equivalent courses taken to challenge the on-line courses – list separately experience and specific on-line course.

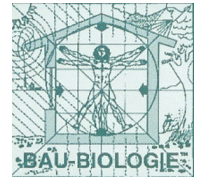
FIELD EXPERIENCE

YEARS OF IAQ FIELD EXPERIENCE: _____ (required to challenge IBE 101)

YEARS OF EME FIELD EXPERIENCE: _____ (required to challenge IBE 101)

YEARS OF NHB FIELD EXPERIENCE: _____ (required to challenge IBE 101)

Please briefly describe your work experience in Architect, Building, Indoor Air Quality or Electromagnetic Exposure detection, describing the type of experience gained that reflect application of the Building Biology Principles (i.e., Building Sciences, Industrial Hygiene, HVAC, Remediation, Testing, Consulting, etc.)



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Use the project sheets that follow this application to provide a clear and concise explanation of your involvement in each of the four representative projects. Provide one sheet for each year of experience claimed. We verify all projects submitted.

I hereby certify that the information contained in this application and on supporting documents attached to this application is correct to the best of my knowledge. I agree to indemnify and hold harmless the International Institute for Bau-Biologie & Ecology, Inc, the IBE™ Board and all others affiliated with the its Programs. I understand the fee is not refundable. I further agree to abide by the International Institute for Bau-Biologie & Ecology Code of Ethics and pledge myself to the highest ethical standards.

Applicant Signature in Full:

Date:

Notary Public:

Notary Seal/Stamp:

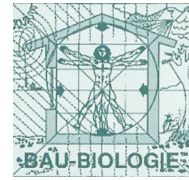
Date:

Application must be complete before it will be forwarded to the Board for Review.

Voice: 727-461-4371 Fax: 727-441-4373

email: baubiologie@earthlink.net

web: www.buildingbiology.net



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Project Sheet 1 of 4 required for Certification Board Review

Four project sheets must be submitted with your application, outlining your involvement in four projects to support your experience requirement. All projects submitted must be verifiable.

Applicant's Name, Address, City/State and Phone Number:

Verification Contact's Name, Company/Title, and Phone Number:

Please give contact information for someone other than your current employer who can verify your involvement with this project.

Project Name & Address: _____

Type & Size of Facility: _____

Start Date of Project (mm/yyyy): _____

Project Summary

Please describe the project and your involvement in detail, including the type & size of the facility, the scope of work and your own responsibilities. Please do not include your client's confidential report.

The IBE Certification Board expects all BBP applicants to possess the following skills: critical thinking, verbal and written communication skills, technical/science skills, knowledge of building systems, computer skills and customer service skills. In completing the paperwork for the application, make every effort to show your command of as many of these skills as possible in the written format.