

Envelope Professional

Prerequisites:

Building Analyst training or certification

Schedule:

12 classroom hours

18 field practicum hours

Training Topics

- ~ Health & Safety
- ~ Building Systems Relationships
- ~ Indoor Moisture Sources & Solutions
- ~ Psychrometric Chart & Sling Psychrometer
- ~ Visual Inspection
- ~ Thermal & Pressure Boundary Evaluation
- ~ Duct Diagnostics & Sealing
- ~ Insulation Techniques & Applications
- ~ Window & Door Inspections

Tuition:

\$1125.00 (Training)

\$200.00 (BPI Online Exam)

BPI Testing Information:

Following completion of this course, participants will be eligible to take the BPI written/online exam. The cost of the test is not included in the instruction fee. This written/online exam satisfies the first component of the BPI certification requirements. Candidates must also pass a field performance exam before receiving certification. Please visit www.bpi.org for more information or call BPI at 877-274-1274.

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities.

Using a "whole house" performance-based approach, this training will cover advanced building envelope diagnostics, evaluation, and repair skills to help prepare for the Building Performance Institute's Envelope Professional on-line and field exams. Training will include review of some Building Analyst topics, but this is not a Building Analyst preparatory course.



WNYE 200-202



AFFILIATE ORGANIZATION

Envelope Professional - April 2012

Instructor: Jason Brown

Training Location: Monroe Community College

Applied Technologies Center

2485 West Henrietta Road, Rochester, NY 14623

Classroom Dates: 4/26/12 9am-4pm

5/1/12 9am-4pm

Field Dates: 5/3/12 9am-4pm

5/8/12 9am-4pm

5/10/12 9am-4pm

BPI Online Exam: 5/16/12 5:30pm-9:30pm

Registration & Payment Due By: 4/19/12





COURSE REGISTRATION FORM
 For more information call 585-262-1430
 Complete all fields and fax to 585-262-1435



Student Information (* indicates optional fields, all other fields are <u>required</u> .)													
Name:	Social Security Number: ~ ~												
Address:													
City, State, Zip:													
Telephone: (Primary)	(Secondary*) (Cellular*)												
Primary Email Address*:	Secondary Email Address*:												
Date of Birth:	If male, 18 or older, and born on or after January 1, 1960, have you registered with Selective Service as required by law? <input type="checkbox"/> Yes <input type="checkbox"/> No (This program is a recipient of Federal financial assistance. Persons that are required to register, but have not registered with Selective Service cannot participate in this training.)												
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male													
Disability Status*: <input type="checkbox"/> Not Disabled <input type="checkbox"/> Disabled													
Last grade/degree completed*:	Veteran Status*:												
Marital Status*: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Common Law													
Race*: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> More Than One Race <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander	Ethnicity*: <input type="checkbox"/> Hispanic or Latino?												
Employment Status (Required)													
<input type="checkbox"/> Employed													
<input type="checkbox"/> Employed but received notice of termination/military separation													
<input type="checkbox"/> Not employed/Not in military													
<input type="checkbox"/> Accepted position for future start date	Please note anticipated start date:												
If "Employed" or "Accepted position":	Company Name												
	Company Address												
	Company City, ST, Zip												
Check which trainings/exams you would like to register for: (Required)	Payment (Required)												
<table border="1"> <thead> <tr> <th>Course Name</th> <th>Start Date</th> <th>Exam Date</th> <th>Tuition</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Envelope Professional</td> <td>4/26/2012</td> <td></td> <td>\$ 1,125.00</td> </tr> <tr> <td><input type="checkbox"/> BPI Online Exam</td> <td></td> <td>5/16/2012</td> <td>\$ 200.00</td> </tr> </tbody> </table>	Course Name	Start Date	Exam Date	Tuition	<input type="checkbox"/> Envelope Professional	4/26/2012		\$ 1,125.00	<input type="checkbox"/> BPI Online Exam		5/16/2012	\$ 200.00	<input type="checkbox"/> Cash <input type="checkbox"/> Check (Payable to Monroe Community College) <input type="checkbox"/> Purchase Order/3rd Party Voucher (attach) <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
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**BPI Field Examinations are available <u>by arrangement</u> at the end of the course. Complete separate registration form. Fee: \$350.00	Cardholder Name:												
	Card #												
How did you hear about this training? _____	Expiration Date (MM/YR)												
Authorization & Signature (Required)													
I authorize payment to and the exchange of all information related to my participation in this training program between one or more of the following organizations related to this training program: New York State Energy Research and Development Authority (NYSERDA), Center for Energy Efficiency and Building Science (CEEBS), Long Island Power Authority (LIPA), United States Department of Labor (USDOL), Conservation Services Group (CSG), Building Performance Institute (BPI), Susan Dee Associates, TRC Energy Services. I understand I may be contacted regarding future employment status due to United States Department of Labor (USDOL) requirements. If applicable, my Selective Service registration status is as noted above:													
(Signature of trainee, or if under 18, parent/guardian) <u>X</u>													

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This training is partially funded with a Community-Based Job Training Grant from the United States Department of Labor.