- Revision date: (2012-01-30; 2014-12-22; 2015-07-24; 2016-09-10; 2021-03-02)

- Revision status: Final

- Review cycle: Annually

- Location stored: H:\Certification\Accreditation\Control of Documents\Forms

- Responsible for revisions and approvals: Certification Manager

**Proposal to Certification Committee for Development**

**of a New ASHRAE Certification Program**

Thank you for proposing a new ASHRAE certification program! Your input helps ASHRAE remain relevant to our membership and the industry. To assist the Certification Committee in making a decision on this proposal, please provide the information requested below and e-mail this form to [certification@ashrae.org](mailto:certification@ashrae.org) or fax it to 678.539.2161. A decision will be rendered in the next regularly scheduled Certification Committee meeting.

Please note:

1. ASHRAE owns its certification programs. Although ASHRAE welcomes collaboration from other industry organizations, our certification programs will not be co-branded.

2. ASHRAE certification programs are examination-based. No course or publication will be required for an individual to earn the certification. The examination for each program is designed to test the level of knowledge of the applicant for certification.

3. Each ASHRAE certification program will have eligibility criteria specific to it; only those individuals who meet specified academic and work experience criteria will be eligible to participate in that program.

4. As far as possible, each ASHRAE certification program will be appropriate for a global audience.

5. A subcommittee of subject matter experts will be created for each certification program to identify the body of knowledge for that program. ASHRAE hopes that the individual submitting this proposal will agree to participate on the subcommittee for this program, provided it is approved by the Certification Committee.

**A. Originator of Proposal** (check and complete all that apply)

* TC #:
* SPC or SSPC #:
* Individual [NAME]:
* Other ASHRAE Committee [NAME]:
* Other Association [NAME]:
* Other [EXPLAIN]:

**B. Primary Contact**

Name:

Address:

TC/SPC/SSPC Affiliation:

Company Affiliation:

Email Address:

Phone Number:

**C. New Certification Program Job Title and Duties**

* Please list common titles of practitioners in this job:
* Please list primary duties and responsibilities of practitioners:

e.g. “*Determine what service contractors must be engaged to conduct the investigation.”*

1.

2.

3.

**D. Need**

A. Please indicate the experience level of the proposed certification.

Entry-level / Intermediate / Advanced

B. Please explain why consumers and employers need this certification.

**………………………………………………..**

1. **ASHRAE Mission**

Is the proposed program in alignment with the ASHRAE Mission?

Mission: *To advance the arts and sciences of heating, ventilation, air conditioning, and refrigeration to serve humanity and promote a sustainable world.*

A. Yes / No

B. Please Explain:

1. **ASHRAE Strategic Plan**

Does the proposed program align with current ASHRAE Strategic Plan goals and objectives?

A. Goal Area(s):

B. Goal Objective(s):

1. **Competition**

Is there a competing or potentially competing program (certification, certificate program or other) currently offered by another entity?

A. Yes / No

B. If “yes,” please explain in detail, including the kind of program, the name of the program, if it is reputable and accredited.

1. **Job Field**

A. Is this job in a distinct and well-defined field? Yes / No

B. Is this job distinct from other jobs? Yes / No

C. What other job is the closest to this job in terms of job duties and education required?

D. Is this job national or international in scope?

E. Is there an identified need for the job? Yes / No

F. Is the need for this job growing? Yes / No

G. Do professionals who do this job devote the majority of their time to this job? Yes / No

1. **Professionalism & Scientific Status**

A. Are the practitioners in this job supported by an organization via research, technical committees, publications, continuing education and membership?

* Yes / No
* If so, please name the organization and describe how it supports practitioners.

B. Is the body of scientific or technical knowledge unique and distinct?

* Yes / No
* If so, what is it called?
* Please provide web links to resources:
* Does it provide the theoretical underpinning for the job?

1. **Demand**

A. Are there jobs available?

B. What evidence is there of demand for this job, on the part of both customers and employers?

C. What evidence is there of a pool of employers?

D. What is the number of professionals who work full or part-time in this job? Please provide references that support the estimated number.

* Does the [Bureau of Labor Statistics](http://www.bls.gov/ooh/) recognize this job? Please provide relevant supporting information.

E. Please project by what percentage the number of jobs will grow or decline annually over the next 5 years and explain why.

1. **Additional Comments**

Please provide any additional information needed by the Certification Committee to evaluate this new certification program proposal.