



Building Performance Institute, Inc.

CANDIDATE APPLICATION FOR LANGUAGE SUPPORT ACCOMMODATIONS

For candidates whose native language is not English, BPI allows additional testing time and the use of a translator or Bilingual-speaking proctor. Translators and bilingual proctors may provide word-for-word translation only and may not explain, interpret, or clarify exam content.

Please complete all information.

Candidate Information

Name: BPI ID:

Address:

City: State: Zip:

Phone: Email:

Employer Information (*If self-employed, this section still needs to be completed)

Business Name:

Business Address:

City: State: Zip:

Phone:

Email: Website:

Have you taken a BPI exam before? Yes No

If yes, were you previously accommodated? Yes No

Exam(s) you are requesting a translator for:

(Only exams that are selected below will be considered for accommodation. Subsequent requests will require a separate application.)

BPI Designation	Online Exam	Field Exam
AC & Heat Pump		
Air Leakage Control Installer	N/A	
Building Analyst – Technician	N/A	
Building Analyst – Professional		N/A
Crew Leader		
Energy Auditor		
Healthy Home Evaluator		N/A
Heating		
Infiltration & Duct Leakage	N/A	
Manufactured Housing		
Multifamily Building Analyst*		
Multifamily Building Operator		
Quality Control Inspector		N/A
Retrofit Installer Technician		

*Select the field exam box for the Multifamily Building Analyst multiple choice practical exam.

Will an interpreter be present at the time of the exam(s)? Yes No

Name of Interpreter:

Interpreter must complete the *Interpreter Conflict of Interest and Disclosure Form*, which must be submitted with this application.

I understand that BPI will use this information obtained to authorize and determine eligibility for a reasonable testing accommodation in regard to this examination by the reason of my language barrier. I understand that BPI reserves the right to make any additional inquiries regarding my request before making a determination to provide the accommodation I have requested.

I attest that I do not have a relationship with the interpreter that would result in a conflict of interest.

I certify that all information in this application and the accompanying documentation is true and correct. I understand that false information may be cause for denial or revocation of certification.

Candidate Signature:

Date:

Your application will not be considered unless all information is completed, signed, and dated. An email address is required in order to send up-to-date information in a timely and effective manner.

Please submit this request with all supporting documentation required by mail, fax, or email

Mail to:

Building Performance Institute, Inc.
Special Testing Accommodations App
63 Putnam Street, Suite 202 Saratoga
Springs, NY 12866

Fax to:

(518) 899-1622

Email to:

Certification@bpi.org



All candidates that request Language Barrier Testing Accommodations must include this document completed, signed and dated by the individual that will be serving as the interpreter.

I, (name of Interpreter), in consideration of my participation as an Interpreter for (name of candidate) BPI's Certification exam(s) agree to the following statements:

1. I will keep confidential any and all information, including, but not limited to, examinations, test questions, test question responses and answers, analyses, and other nonpublic records and information that are disclosed to me as a result of my participation as an Interpreter.
2. I will treat all confidential information as BPI's sole property and proprietary information and take all steps necessary to ensure its confidentiality.
3. BPI will own all confidential information, including, but not limited to, test questions, test question responses and answers, related to any BPI certification. I agree that no transfer of any confidential information is granted to or conferred upon me in this agreement, by any disclosure of such confidential information by BPI.
4. Interpreters will only read the questions and answers to the candidate. If the candidate asks any questions, please refer them to the proctor.
5. Candidate(s) that I am assisting during their exam session will be treated in a professional and ethical manner.

As the interpreter, I attest that I am independent and have no personal relationship with the candidate, interest that could influence the exam outcome, or any other involvement that might affect my ability to participate in an objective and unbiased manner or which might result in a conflict of interest.

Interpreter Name (printed):

Interpreter Signature:

Date: