



# CRBP APPLICATION

This application is the first step toward earning the Certified Recreational Boating Professional (CRBP) credential. Please read and complete each section fully and accurately in clear, legible handwriting or type. You may submit the application anytime during the year. However, all qualifying recreational boating experience and continuing education must be completed at the time the application is submitted.

Please initial each page and mail or fax your completed application to:

**Mail:** NASBLA CRBP Program  
1648 McGrathiana Pkwy, Suite 360  
Lexington, KY 40511

**Fax:** 859.231.6403

Receipt of your application will be acknowledged within two weeks.

*There is no membership requirement to apply for the CRBP exam, and NASBLA members and nonmembers will be evaluated equally on the application and subsequent examinations. The CRBP Program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation or disability. Additional information on program requirements, policies and procedures is available on the CRBP program web page [www.nasbla.org/advocacy/recreational-boating-professional](http://www.nasbla.org/advocacy/recreational-boating-professional). For further assistance, contact CRBP staff at 859.225.9487 or [info@nasbla.org](mailto:info@nasbla.org).*

## APPLICATION CHECKLIST

I intend to sit for the CRBP exam or at least one domain within 12 months.

**Section 1: Applicant Information.**  
I have completed all applicant information and noted where I would like CRBP mailed correspondence sent.

**Section 2: Payment.**  
I have included payment information with this application.

**Section 3: NASBLA Standards of Conduct and Application Attestation.**  
I pledge to adhere to the NASBLA Standards of Conduct and have signed the Application Attestation to fulfill program requirements.

**Section 4: Education.**  
I have an associate degree or equivalent from an accredited institution of higher learning, or have submitted additional education and/or professional experience to fulfill program requirements.

**Section 5: Recreational Boating Employment Experience.**  
I am currently (or have been within the last six months) employed or volunteer by/with a qualifying organization and have completed the required years of experience given my current position to fulfill program requirements.

**Section 6: Professional Development Activities.**  
I have completed at least 25 hours of qualifying broad-based recreational boating professional development position to fulfill program requirements.

Please initial each page before submitting completed application

## SECTION 1

# APPLICANT INFORMATION

(Check which address you would like to be used for mailed correspondence)

Applicant Name \_\_\_\_\_

Title of Present Position \_\_\_\_\_

Organization \_\_\_\_\_

Organization Address

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Home Address

Street \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## SECTION 2

# COST/PAYMENT

All fees must accompany the application. All applicants pay the one-time application fee, \$50. The application is a non-refundable processing fee.

There are several paths to obtaining the CRBP. One is to pay the application fee and the full CRBP fee and take the full assessment (covering all 10 domains) at one time. Another is to pay the application fee and pay individually for each separate domain that you wish. Another is to bundle your examinations by completing "Recreational Boating Professional 1" (3 of 10 domains) and/or "Recreational Boating Professional 2" (3 additional domains totaling 6 of 10). To complete your CRBP you would then take exams on the remaining four (4) domains. (See below):

Level	Elements	Fee
	Application Fee	\$50
Individual Domain	One individual domain	\$25 each
Recreational Boating Professional 1	One core domain + 2 other domains	\$75
Recreational Boating Professional 2	3 additional domains	\$75
CRBP	Remaining four domains	\$100
Full CRBP	All 10 domains in one sitting	\$250

Payment Type:  Check  Visa  MasterCard

Cardholder Name \_\_\_\_\_

Credit Card Account # \_\_\_\_\_

Expiration \_\_\_\_\_ Zip Code of Billing Address \_\_\_\_\_

Signature \_\_\_\_\_

Please initial

**NASBLA STANDARDS OF CONDUCT**

I pledge to:

- Maintain exemplary standards of professional conduct.
- Actively model and encourage the integration of ethics into all aspects of my work with the organization(s) that employ(s) me.
- Pursue the objectives of the organization(s) that employ(s) me in ways that are ethical.
- Recognize and discharge my responsibility and that of the organization(s) that employ(s) me to uphold all laws and regulations in implementing the policies and conducting the activities of the organization(s).
- Strive to continually advance my knowledge and achieve higher levels of excellence in recreational boating.
- Maintain the confidentiality of all privileged information, except when so doing becomes an ethical or legal breach of conduct.
- Actively encouraging all people qualified or eligible to be part of the organization(s) which employ(s) me to participate in the activities of the organization as appropriate.
- Actively advance, support, and promote the recreational boating profession through word and deed.

**APPLICATION ATTESTATION**

In making this application, I fully understand that it is an application only and does not guarantee certification. I agree to submit to multiple-choice examinations and supply further information as determined by the NASBLA CRBP Commission. I further understand and, by my signature, attest that I now, and will in the future, adhere to the NASBLA Standards of Conduct. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings and application may result in the revocation of this application and the issuance of a complaint of violation of said Standards.

I understand that NASBLA reserves the right to revise or update this application and the Standards of Conduct, and that it is my responsibility to be aware of NASBLA's current requirements. I further understand that I am obligated to inform NASBLA of changed circumstances that may materially affect my application. I further understand that it is my responsibility to provide NASBLA with any requested documentation in connection with this application.

I understand and agree that if I am certified following acceptance of this application and successful completion of the examinations, such certification does not constitute NASBLA's warranty or guarantee of my fitness or competency to practice as a recreational boating professional. If I am certified, I authorize NASBLA to include my name in a list of certified individuals and agree to use the CRBP designation and related NASBLA trade names, trademarks, and logos only as permitted by NASBLA policies. I understand and agree that NASBLA may also use anonymous and aggregate application and examination data for statistical and research purposes. I attest that I have no felony convictions related to the recreational boating profession.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please initial

SECTION 4  
**EDUCATION**

Highest Degree Earned: \_\_\_\_\_

Institution: \_\_\_\_\_

City/State: \_\_\_\_\_

Year Degree Received: \_\_\_\_\_

*Note: If you have not earned an associates' degree or equivalent from a qualifying institution, please indicate "no degree." Applicants without a qualifying degree must submit an additional four years of professional work equivalence to qualify to take the exam. Each year of completed undergraduate studies may be substituted for two years of professional experience.*

SECTION 5  
**RECREATIONAL BOATING PROFESSIONAL EXPERIENCE**

Recreational Boating Professional experience is defined as being employed or volunteering at a qualifying organization (e.g., state boating agency, U.S. Coast Guard, recreational boating business, recreational boating-related nonprofit organization).

You must currently, or within the last six months have been employed or volunteering at a qualifying organization.

**Current Employment/Volunteering**

Position: \_\_\_\_\_ Organization: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization Type:  State Boating Agency  U.S. Coast Guard  
 Recreational Boating Business  Nonprofit Organization

**Previous Qualifying Employment/Volunteering**

Position: \_\_\_\_\_ Organization: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization Type:  State Boating Agency  U.S. Coast Guard  
 Recreational Boating Business  Nonprofit Organization

Position: \_\_\_\_\_ Organization: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization Type:  State Boating Agency  U.S. Coast Guard  
 Recreational Boating Business  Nonprofit Organization

Position: \_\_\_\_\_ Organization: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Organization Type:  State Boating Agency  U.S. Coast Guard  
 Recreational Boating Business  Nonprofit Organization

*Please attach additional sheets as necessary to document your fulfillment of this requirement.*

Please initial

## PROFESSIONAL DEVELOPMENT ACTIVITIES

You must have completed 25 hours of broad-based recreational boating-related continuing education within the last five years to be eligible to sit for any CRBP examination. The CRBP Commission strongly recommends that you fulfill the professional development requirement by completing coursework in proportion to the weighting of each domain area on the exam content outline. You will receive 1 CRBP credit hour for each clock hour of a qualifying program, up to a maximum of six CRBP credit hours per calendar day. Only full hours may be listed. (In case of partial hours, round down to the full hour.) When not self-evident, please provide a description to indicate program content and its relation to the Exam Content Outline. For the full criteria of qualifying programs please visit [www.nasbla.org/advocacy/recreational-boating-professional](http://www.nasbla.org/advocacy/recreational-boating-professional).

Please indicate the total number of hours you have submitted for credit, and provide a detailed listing for each program. You may reproduce this page, or attach a similarly organized report detailing the required information. There is no requirement to attach documentation or proof of attendance at education events or background information. However, NASBLA reserves the right to request and audit documentation confirming the information reflected on your application.

Please note that professional development criteria are subject to change.

### Professional Development Activities

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

*Please use the next page for additional Professional Development activities.*

Please initial

## Professional Development Activities (cont.)

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

Title of Program: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Number of Hours \_\_\_\_\_

Sponsoring Organization: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

*Please attach additional sheets as necessary to document your fulfillment of this requirement.*

Please initial