

## Attachment II b / Anlage II b

Application - **“Certified Passive House Consultant”**  
renewal through credit points

Antrag - **“Zertifizierten Passivhaus-Planer / Berater”**  
Verlängerung über Weiterbildungspunkte

A1 Personal details   Persönliche Angaben	
	<input type="checkbox"/> Male   männlich * <input type="checkbox"/> Female   weiblich * <input type="checkbox"/> Diverse   divers *
Academic title   akadem. Titel *	⊙   www
Profession   Beruf *	⊙   www
Surname   Familienname *	⊙   www
Given name   Vorname *	⊙   www
Date of Birth   Geburtsdatum *	⊙
Street   Anschrift * (kein Postfach   no postbox)	✉
Address supplements   Adresszusatz	✉
Postal code, city   PLZ, Wohnort *	✉
Region, County, State   Region, Bundesland *	✉
Country   Land *	✉
E-Mail address   E-Mail Adresse *	✉
PHPP registration number   PHPP Registrierungsnummer *	

A2	
<p>I hereby apply for the examination to issue the additional certificate "certified Passive House designer / consultant" of the Passive House Institute and accept the following regulations:</p> <ul style="list-style-type: none"> <li>• I hereby accept the current examination regulations.</li> <li>• The course provider/exam host with whom I register for the exam forwards this data to the Passive House Institute for internal use.</li> <li>• The course provider/examination host sends the original examination documents processed by me and the results of the initial correction by the course provider/examination host to the Passive House Institute for further processing.</li> <li>• After the second correction, the Passive House Institute forwards the final examination result to the course provider/examination host for internal use.</li> <li>• I hereby acknowledge that a legal challenge of the correction and the examination result is not possible.</li> <li>• I hereby confirm that I have paid or will pay the examination fees of the course provider/examination host.</li> <li>• I hereby certify that the documents submitted/to be submitted by me represent my own intellectual achievement.</li> <li>• I hereby certify that I will use the certificate or the associated seal only in relation to my person (e.g. business cards, letterhead, e-mail signature, etc.).</li> <li>• I hereby certify that the information provided by me is correct.</li> <li>• I agree to receive information in connection with the certificate "certified passive house designer/consultant" or the additional certificates and the renewal of the certificate (even after the certificate has expired) (e.g. information on events that are suitable for the certificate renewal). I can revoke this consent at any time (e.g. by changing my profile after contacting the Passive House Institute).</li> <li>• Further information about the handling of my data can be found in the data protection declaration of the PHI, which is accessible on the website passiv.de.</li> </ul>	
Place, date   Ort, Datum: *	Signature   Unterschrift: *

see also B2



## B1 Additional details for publication on [passivehouse.com/training](http://passivehouse.com/training) | Weitere Angaben zur Veröffentlichung auf [passivehouse.com/training](http://passivehouse.com/training)

Company name   Firmenname	www	
E-Mail address (direct contact only)   E-Mail Adresse	www	
Website   Webseite	www	
Telephone number   Telefonnummer	www	
Fax number   Faxnummer	www	
<input type="checkbox"/> same address data as in A1 / Adressangaben wie in A1		
Street   Anschrift (kein Postfach   no postbox)	www	
Address supplements   Adresszusatz	www	
Postal code, city   PLZ, Wohnort	www	
Region, County, State   Region, Bundesland	www	
Country   Land	www	
iPHA-Membership * (as listed on <a href="http://www.passivehouse-international.org">www.passivehouse-international.org</a> )   iPHA / IG-Mitgliedschaft * (wie unter <a href="http://www.passivehouse-international.org">www.passivehouse-international.org</a> bzw. <a href="http://www.ig-passivhaus.de">www.ig-passivhaus.de</a> gelistet)	www	<input type="checkbox"/> Yes, through the following iPHA-Affiliate   Ja, durch den folgenden iPHA-Affiliate (z.B. IG Passivhaus Deutschland):  <input type="checkbox"/> No   Nein

## B2

I hereby declare that I agree to the disclosure and publication of my data as described below:

- The data marked with a "www" will be published by the Passive House Institute on the website ([passivehouse.com/training](http://passivehouse.com/training)).
- I can revoke my consent to this publication at any time (e.g. by changing my profile after contacting the Passive House Institute).

Place, date |  
Ort, Datum: \*

Signature |  
Unterschrift: \*

see also A2

I agree to be informed about news about Passive House. I can revoke this agreement at any time (e.g. by changing my profile after contacting the Passive House Institute).

## Types of continuing education | Weiterbildungsformen

(cf. chapter 5.2 of the examination regulations / vgl. Kapitel 5.2 der Prüfungsordnung)

Education ID: [www.passivehouse-designer.org](http://www.passivehouse-designer.org)  
Weiterbildungs ID: [www.passivhausplaner.eu](http://www.passivhausplaner.eu)

### 1. Continuing education courses | Weiterbildungskurse

ID of the course   ID des Kurses *	Name of the course   Kursname	Please mark   Bitte ankreuzen: I have taken part on all course days   Ich habe an allen Kurstagen teilgenommen	Acquired credits   Erworbene Punktzahl
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	

Total score | Gesamtsumme:

### 2. Event | Veranstaltung

ID of the event   ID der Veranstaltung *	Event   Veranstaltungsname	Please mark   Bitte ankreuzen: I have taken part on all event days   Ich habe an allen Veranstaltungstagen teilgenommen	Acquired credits   Erworbene Punktzahl
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	
		Yes   Ja <input type="checkbox"/> No   Nein <input type="checkbox"/>	

Total score | Gesamtsumme:

### 3. Teaching | Lehrtätigkeit

ID of the course   ID des Kurses *	Name of the course   Kursname	Activity duration   Kursdauer	Acquired credits   Erworbene Punktzahl

Total score | Gesamtsumme: