

III. EDUCATION AND TRAINING

A. College Graduate? YES NO Degree: _____
Major: _____

Date Granted: _____ Name and Location of School: _____

ATTACH COPIES OF COLLEGE TRANSCRIPTS OR CERTIFICATES OF COMPLETION AS PROOF

B. List course work you have completed that is relevant to your vocation:

1. TITLE OF COURSE: _____

SCHOOL: _____ DATE COMPLETED: _____ UNITS COMPLETED: _____

2. TITLE OF COURSE: _____

SCHOOL: _____ DATE COMPLETED: _____ UNITS COMPLETED: _____

3. TITLE OF COURSE: _____

SCHOOL: _____ DATE COMPLETED: _____ UNITS COMPLETED: _____

ATTACH ADDITIONAL SHEETS IF NECESSARY

IV. QUALIFYING EXPERIENCE HISTORY

Present detailed work experience related to the water quality industry and to the vocation for which you are applying. List your present or most recent work experience first. Be sure to adequately describe your job duties.

A. CURRENT EMPLOYER: _____ Phone: _____
(include area code)

Address: _____

Job Title: _____ Date Started: _____ Date Left: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Job Duties: _____

What portion of your time did these duties take? _____ % Total Years: _____

EMPLOYER VERIFICATION:

I certify that the information stated above is true and correct to the best of my knowledge.

(Employer/Supervisor's Name--Please Print) (Title) (Date)

Supervisor's Signature: _____

B. NEXT PREVIOUS EMPLOYER: _____ Phone: _____
(include area code)

Address: _____

Job Title: _____ Date Started: _____ Date Left: _____

Supervisor's Name : _____ Supervisor's Phone Number: _____

Job Duties: _____

What portion of your time did these duties take? _____ % Total Years: _____

C. NEXT PREVIOUS EMPLOYER: _____ Phone: _____
(include area code)

Address: _____

Job Title: _____ Date Started: _____ Date Left: _____

Supervisor's Name: _____ Supervisor's Phone Number: _____

Job Duties: _____

What portion of your time did these duties take? _____% Total Years: _____

D. Total Qualifying Years of Experience: _____

E. Do you currently have valid CWEA certification in this vocation? YES NO

If yes, give certificate number, grade and date originally issued: _____

Attach a copy of your certificate and current renewal card.

**USE ADDITIONAL SHEETS TO LIST ADDITIONAL EDUCATION, TRAINING AND EXPERIENCE
DO NOT FORGET TO ATTACH TRANSCRIPTS IF YOU ARE USING EDUCATIONAL CREDITS**

V. SPECIAL ACCOMMODATIONS FOR THOSE WITH DISABILITIES

Do you have a physical or psychological disability that may affect your ability to successfully complete the exam?
 YES NO

If yes, please state the nature of your disability: _____

Special accommodations will be provided for those individuals who provide CWEA with a physician's certificate, or the equivalent, documenting the disability.

VI. CODE OF ETHICS

All California Water Environment Association certificate holders and applicants are expected to meet, the following standards of professional conduct and ethics:

1. To protect public health, themselves, their co-workers, property, and the environment by performing the Essential Duties of the CWEA certified vocation safely and effectively, and complying with all applicable federal, state and local regulations.
2. To represent themselves truthfully and honestly throughout the entire certification process.
3. To adhere to all test site rules and make no attempt to complete the test dishonestly or to assist any other person in doing so.
4. To refrain from activities that may jeopardize the integrity of the Technical Certification Program.

VII. SIGNATURE OF APPLICANT

I, the undersigned, certify that I am the above named applicant; that all statements made and information contained in the above application are true and correct to the best of my knowledge and belief; that I understand that any omissions or misrepresentations may result in ineligibility of the examination being applied for or revocation of any certificate granted.

I have read and understand the CWEA Technical Certification Program Code of Ethics.

I also consent to a thorough investigation of my employment records and other qualifications in related activities for the purpose of verification of my qualifications for the certificate for which I have applied. I have read and understand the policies listed on Page 4 of this application.

DATE: _____ Signature of Applicant: _____

APPLICATION DEADLINE	TEST DATE
October 31, 2007	January 26, 2008
April 30, 2008	July 26, 2008

Visit CWEA's web site for more information

For information about test content outlines, study references, study sessions, policies, results calendar, candidate handbooks, and applications please visit CWEA's web site at www.cwea.org. Click on Certification.

GRADE 1		
Qualifying Combination	EDUCATION/CERTIFICATIONS	EXPERIENCE
	NONE REQUIRED TO TAKE TEST	NONE REQUIRED TO TAKE TEST
GRADE 2		
Qualifying Combination	EDUCATION/CERTIFICATIONS	EXPERIENCE
A	NONE	4 full-time years in vocation
B	Hold Grade 1 certificate in vocation for 1 year	2 full-time years in vocation
C	Associate's, or higher, degree in a related field	2 full-time years in vocation
D	Bachelor's, or higher, degree in a related field	1 full-time year in vocation
GRADE 3		
Qualifying Combination	EDUCATION/CERTIFICATIONS	EXPERIENCE
A	NONE	6 full-time years in vocation
B	Hold Grade 2 certificate in vocation for 2 years	4 full-time years in vocation
C	Associate's, or higher, degree in a related field	4 full-time years in vocation
D	Bachelor's, or higher, degree in a related field	3 full-time years in vocation
GRADE 4		
Qualifying Combination	EDUCATION/CERTIFICATIONS	EXPERIENCE
A	NONE	8 full-time years in vocation with 1 year supervising others
B	Hold Grade 3 certificate in vocation for 2 years	6 full-time years in vocation with 1 year supervising others
C	Associate's, or higher, degree in a related field	6 full-time years in vocation with 1 year supervising others
D	Bachelor's, or higher, degree in a related field	5 full-time years in vocation with 1 year supervising others

IMPORTANT TECHNICAL CERTIFICATION PROGRAM POLICIES

Exam Postponement & Cancellation Instructions: To postpone your application you must submit a signed written request (a letter stating that you wish to postpone), with a \$35 administrative fee. The written request **and** payment must be received at the CWEA office no later than six (6) days after the scheduled test date. You may only postpone your application twice. There are no exceptions to this policy.

To cancel your application you must submit a signed written request (a letter stating you wish to cancel your application) to CWEA. The written request must be received at the CWEA office no later than six (6) days after the scheduled test date. Full refunds less a \$35 administrative fee, will be made 4 weeks after the scheduled test date. There are no exceptions to this policy.

Acceptance and Rejection of Application: Applicants will be notified of acceptance or rejection within approximately 6 weeks after the application deadline. Rejected applicants may appeal the decision to the TCP Director. If appropriate, rejected applicants may choose to apply for a lower grade level within the same vocation. If rejection is the final outcome of the application process, the applicant will be refunded the full amount of the application fee.

Exam Result Notification: Exam results are mailed to certificate candidates no later than 6 weeks after the examination date. No results are given over the phone, via fax or email. All results are confidential and are only released to the certificate candidate.

Issue of Certificate: Certificates will be issued to all candidates who pass the examination. Certificates are mailed about two to three weeks after result notifications have been mailed.

Renewal of Certification: All certificates must be renewed annually. The first renewal is due one year from the last day of the month in which the certification exam was held. Certificate renewals less than one year past due are subject to the renewal fee plus a penalty fee of 100% of the renewal fee. Certificates more than one year past due are not renewable. Re-testing is required to reinstate certificates more than one year past due. Renewal notices are mailed to certificate holders two months before the due date. Certificate holders must notify CWEA of any address changes. **IT IS THE RESPONSIBILITY OF THE CERTIFICATE HOLDER TO ENSURE THAT HIS OR HER CERTIFICATE(S) REMAIN VALID**

Recertification:

CWEA Certificate Holders shall be required to renew certificates annually, and shall be required to provide evidence of completion of 12 contact hours of continuing education requirements for certificate renewal every two years, beginning with all certificates renewable in July 2004. For more information, visit CWEA's website: www.cwea.org.

Americans with Disabilities Act: In compliance with the Americans with Disabilities Act, special accommodations will be provided for those individuals who provide CWEA with a physician's certificate, or its equivalent, documenting a physical or psychological disability that may affect the individual's ability to successfully complete the certification examination. Written requests for special accommodations must be made no later than 3 weeks before the examination date.

Instructions For Choosing A Local Section

1. Choose the Local Section in which you would like to take your exam. The Local Sections are listed below.
2. Write in the name or abbreviation for the Local Section you have chosen on page one of the application.

Notes:

- The exact location of the site you choose will be mailed to you after you have been approved to sit for the examination. This usually occurs about one to two months after the application deadline.
- If you need to know the exact location of your exam site contact your Local Section Chair listed below.
- If you do not choose a site, one will be chosen for you.
- Site changes are permitted only up to 3 weeks before the exam date.

Where To Send Your Completed Application:

SEND YOUR COMPLETED APPLICATION, ALONG WITH THE APPROPRIATE FEE, DIRECTLY TO:

CWEA TCP
7677 Oakport St., STE 525
Oakland, CA 94621-1935

Technical Certification Program Local Section Chairs

Local Section	Site Location*	LS Chair	Phone
Michigan (MICH)	TBA	Jeanette Best	(989) 759-1631

*Test Sites are subject to change. Visit CWEA's web site at www.cwea.org for the latest information about test sites and maps. Click on Technical Certification.

