Application for Certified Installer Onsite Wastewater Treatment Systems (CIOWTS) Credentials

Rev. 6/2012

Step 1. Name and Address of Applicant *(Please print or type.)*

Name:_____

Business Name:_____

Business Address:_____
Street Address

Business Address:_____
City ST Zip Code

Home Address:_____
Street Address

Home Address:_____
City ST Zip Code

Daytime Telephone: _____ Home Telephone:_____

Fax Number: _____E-mail: _____

Preferred Address to Receive Mail: □ Business □ Home **NEHA Member Number (if known)** _____

Step 2. NEHA Credential Options, Fees and Payment Information *(Please "X" one below.)*

	Credential Name		Exam Fee Member	or	Exam Fee Non-Member =	Total
___	Certified Installer of Onsite Wastewater Treatment Systems	**BASIC LEVEL**	$125	or	$150	_____
___	Certified Installer of Onsite Wastewater Treatment Systems	**ADVANCED LEVEL**	$145	or	$170	_____
___	**YES!** I would like to join NEHA and take advantage of the member fees above. In addition to the enclosed Credential fee(s) payment, I have included my $95 yearly membership fee.					_____
___	I wish to take the exam within four weeks of this application. I have enclosed a $45 expedite fee for this service.					_____
___	I choose to take the exam on computer at a Pearson VUE testing center. I have enclosed the additional fee of $100.00 for this service.					_____
					TOTAL	_____

Payment Options:

___ Check/Money Order (make payable to NEHA) ___ Visa or MasterCard *(circle one)*

Credit Card #_____ Exp.:_____

Signature:_____

Refund Policy: There is a $25 non-refundable processing fee if you choose not to take the examination.

*NOTE: For both the BASIC and ADVANCED levels of the credential, you must meet the criteria listed as 1 below. For the ADVANCED LEVEL, you must also meet criteria 2 and 3. If you do not meet the criteria, you cannot check this option.

CRITERIA: You must:
1) Be 18 years old;
***And* (FOR ADVANCED LEVEL ONLY)**
2) Have a high school diploma or GED; *and*
3) Complete the Work Experience Verification Form.

Step 3. Administration Options *(Please select 1, 2, or 3 below, and fill out the requested information.)*

☐ **OPTION ONE – NATIONAL CONFERENCE.** The exam may be administered each year at the NEHA Annual Educational Conference and Exhibition in June or July. For more information please visit www.neha.org.

☐ **OPTION TWO – STATE AFFILIATE/REGIONAL MEETING TEST DATE.** NEHA will make arrangements with state affiliates or groups planning to test candidates at their meetings throughout the year.

Name of Meeting: _____

Exam Date: _____

☐ **OPTION THREE – COMPUTER TESTING AT PEARSON VUE.** These exams are available on computer at Pearson VUE testing centers in the United States. For this option an additional fee of $100.00 will apply. Please include the $100.00 fee with your exam and application fees to NEHA. For information regarding the center nearest you, please visit www.pearsonvue.com/neha or contact the NEHA Credentialing Department at (303) 756-9090 ext. 337 or ext. 339.

Step 4. Proof of High School Diploma/GED for Advanced Level

Please provide proof of high school diploma or GED completion (i.e. copy of high school diploma/GED or copy of high school transcripts).

Step 5. Statement of Affirmation – SIGNATURE REQUIRED

I, _____, do solemnly swear and affirm that I am the applicant named in this application; that I have made or read the contents hereof, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect, and are made in good faith.

X _____

Signature of Applicant *Date*

Step 6. NEHA Code of Ethics for NEHA Credentialed Professionals – SIGNATURE REQUIRED

As an environmental professional, credentialed by the National Environmental Health Association, I hereby acknowledge, accept, and profess to abide
by the following code of conduct and ethics:

- As long as my credential is in an active status, I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- I will proudly represent my credentialed status and the credential itself to my professional peers, and to the public I serve.
- In the course of performing my duties, I will conduct myself in a professional manner befitting of my credentialed status.
- For the sake of elevating the recognition and status of my field, I will actively encourage my professional colleagues to consider earning this credential for themselves.
- I will do nothing to undermine, detract from, or otherwise cause to develop any damaging associations with respect to this credential. I accept that any activity on my part that will cause this credential any measure of injury serves as a breach and a failure on my part to uphold this code of ethics. Moreover, I accept that such action, for which I might be responsible, could result in the revocation of my credential.
- I commit that my professional goal is to serve humankind by doing whatever I am able to do in the course of carrying out my professional responsibilities to maintain and provide a healthful environment for all.

X _____

Signature of Applicant *Date*

Step 7. Work Experience Verification Form (REQUIRED FOR ADVANCED LEVEL ONLY).

The following form must be signed by a ***third party*** to be used to verify a minimum of two (2) years work experience in installation of onsite wastewater treatment systems by the applicant. Verifications may be provided by a supervisor, human resources department, local/county/state health department, or a CIOWTS certified co-worker that works with you. May be faxed to NEHA at 303-691-9490.

I verify that _____ has a minimum of two (2) years work experience
(Applicant's Name)
in installation of onsite wastewater treatment systems.

Please note: Individuals providing verification of work experience may be contacted by NEHA during a random application audit.

Person verifying applicant's work experience in installation of wastewater treatment systems please complete the following:

_____
NAME (Print full name)

_____
TITLE

_____
NAME OF COMPANY

_____
STREET ADDRESS

_____
CITY, STATE, ZIP CODE

_____
DAYTIME TELEPHONE

_____
EMAIL ADDRESS

_____
SIGNATURE DATE

Step 8. Demographic Survey

The demographic survey questions that follow must be answered in order to complete processing your application. Your answers will provide NEHA with valuable demographic information that will be utilized to further enhance our credentialing programs. If you do not complete the following questions, your application will be considered incomplete.

Please respond to all questions by checking the appropriate box(es). Mark only one answer per question, except where otherwise indicated. Please note: All of your answers will be kept confidential. Answers to your questions in no way effect your exam eligibility.

1. Which credential are you applying for?

□ CIOWTS Basic □ CIOWTS Advanced

2. Sex: □ Male □ Female

3. Age: □ 18 – 24 □ 25 – 30 □ 31 - 39
□ 40 - 49 □ 50 - 59 □ 60 and over

4. In which state do you work?

□ AK	□ HI	□ ME	□ NJ	□ SD	□ WY
□ AL	□ IA	□ MI	□ NM	□ TN	
□ AR	□ ID	□ MN	□ NV	□ TX	□ PR
□ AZ	□ IL	□ MO	□ NY	□ UT	□ Other
□ CA	□ IN	□ MS	□ OH	□ VA	
□ CO	□ KS	□ MT	□ OK	□ VT	
□ CT	□ KY	□ NC	□ OR	□ WA	
□ DE	□ LA	□ ND	□ PA	□ WA DC	
□ FL	□ MA	□ NE	□ RI	□ WI	
□ GA	□ MD	□ NH	□ SC	□ WV	

5. Highest academic degree held:

□ High school diploma/GED □ Masters Degree
□ Associate Degree □ Doctorate Degree
□ Baccalaureate Degree

6. Which best matches your current employment?

□ Government agency/dept	□ Environmental for Profit	□ University/academic	□ Military
□ State agency/dept	□ Environmental Not for Profit	□ Industrial/Factory	□ Other
□ Local Health Department	□ Own company		

7. What title would most accurately describe your current employment?

□ Trainee □ Laborer □ Supervisor/Manager □ Equipment Operator
□ Field Inspector □ Engineer □ Owner
□ Other _____

8. How many years experience do you have working in the field of onsite wastewater?

□ less than 2 years □ 5 – 9 years □ 16 –20 years
□ 2 – 4 years □ 10 – 15 years □ over 21 years

Step 9. Checklist for Credential Application *(Please place a check mark in all boxes that apply.)*

ALL CREDENTIAL APPLICANTS MUST INCLUDE THE FOLLOWING WITH THIS APPLICATION:

- ☐ Completed Application (Steps 1 though 9 must be completed. Applications that are incomplete are subject to delay in processing. If you need help in completing the application, please contact NEHA at 303-756-9090, ext. 337 or ext. 339 or e-mail credentialing@neha.org)
- ☐ Exam Fee
- ☐ Demographic Survey

IN ADDITION TO THE ABOVE, YOU MUST ALSO INCLUDE THE FOLLOWING FOR THE SPECIFIC CREDENTIAL YOU ARE APPLYING:

A. CIOWTS – Basic Level

- ☐ Proof of age (i.e. Copy of Driver's license or birth certificate)

B. CIOWTS – Advanced Level

- ☐ Proof of High School Diploma or GED
- ☐ Proof of age (i.e. Copy of Driver's license or birth certificate)
- ☐ Completed Work Experience Verification Form

Step 10. Mail your completed application with payment to:

National Environmental Health Association, Attn: Credentialing Department, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246. If you have any questions or need assistance completing this application, please contact the NEHA Credentialing Department at Phone: 303-756-9090, ext. 337 or ext. 339; Fax: 303-691-9490, E-mail: cnewlin@neha.org, Internet: www.neha.org.