# Certified Stormwater Manager (CSM) Exam Application

## Candidate Information: (Print or type the requested information.)

**First Name** _____ **MI** _____ **Last Name** _____

**Employer** _____ **Job Title** _____

**Preferred Address** _____ **City** _____

**State/Province** _____ **Postal Code** _____ **Country** _____

**Preferred E-mail** _____ **Preferred Phone Number** _____

**This is my:** ◯ **Office** ◯ **Home**

**Demographics (Optional)**

**Gender** _____ **Highest Level of Education** _____ **Years in Profession** _____

## Exam Date Selection

Certification exams are administered by computer either at your **place of employment** or at an **approved testing center**.

Please refer to the attached exam schedule for available dates. Note that all dates are **subject to change based on business needs**. We recommend visiting the **Exam Administration FAQs** to confirm current availability **before submitting your application**.

## Technical Support

If you experience technical difficulties during your exam, support is available between **8 a.m. and 4:30 p.m. Central Time (CT)**. *Support outside of these hours is not guaranteed.*

## Application Deadline

To ensure proper processing and coordination, all applications must be submitted **at least 30 days before** your preferred exam date.

**Preferred exam date** _____ **Estimated exam start time (CT)** _____

## Exam Administration Requirements

For detailed information, please refer to the complete Exam Administration FAQs available on our website.

To ensure a secure and fair testing environment, the following requirements must be met for certification exam administration:

1. **Distraction-Free Environment**
   The exam candidate must have access to a designated computer workstation in a quiet, distraction-free space.
2. **Software Installation**
   The approved proctor must download and install the required web-based testing software **before the exam date**.
   - *Complete download instructions will be provided by APWA.*
3. **Proctor Presence**
   The designated proctor must be **physically present** during the entire exam session to:
   - Enter required passwords.
   - Monitor the candidate throughout the exam.

## Proctor Selection Statement

Your certification exam must be supervised by an **officially approved proctor**. It is your responsibility to identify and secure a qualified individual to serve as your proctor and to submit this completed form for approval.

**Proctor Requirements**

The individual you select must not have any personal interest in the outcome of your exam. Acceptable proctors may include:

- Human Resources personnel
- Administrative personnel
- A supervisor from another department (not your direct supervisor)

**The following individuals are not permitted to serve as proctors:**

- Relatives
- Co-workers or peers
- Direct supervisors
- Subordinates
- Anyone who may be influenced to violate the exam rules outlined in the Proctor Agreement

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I have contacted the individual listed below, who has agreed to act as my proctor for the **CSM Certification Exam**. I certify that the information provided on this form is accurate and complete. I understand that providing false or misleading information may result in disciplinary action by the Certification Commission and may affect my certification status.

_____

**Printed Name**

_____ _____

**Candidate Signature** **Date**

## Place of Employment

Identify a proctor at your place of employment.

**Proctor's Name** _____

**Proctor's Title** _____

**Proctor's Relationship with Candidate** _____

**Proctor's Phone Number** _____

**E-mail Address** _____

**Location of Exam** _____

## Testing Center

- APWA does not have a formal relationship with any testing centers; the candidate can use the National College Testing Association (NCTA) testing center locator to assist in locating a testing center in their area.
- The candidate must identify their preferred testing center on their exam application, and APWA Staff will confirm compatibility with the Questionmark software used to administer APWA certification exams.
- Individual testing centers may have additional fees associated with proctoring the exam. These fees and the scheduling of the exam are the responsibility of the candidate.

**Name of Testing Center** _____

**Testing Center Phone Number** _____

**Testing Center E-mail** _____

**Testing Center Location (Address)** _____

**Exam Fee Payment: USD 500**

◯ **Credit Card (Visa/MasterCard/American Express)**
An invoice will be generated and emailed to you with payment instructions within one to two weeks of receiving your completed application. **To pay by credit card, please call 1-800-848-2792 and have your invoice number ready when you call.**

◯ **Check/Money Order (Payable to APWA in US funds)**
Mail check/money order payments to: APWA, Attn. Certification, 1200 Main Street, Suite 1400, Kansas City, MO 64105-2100.