



Certified Stormwater Manager (CSM) Exam Application

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

_____	_____	_____
First Name	MI	Last Name
_____	_____	_____
Employer		Job Title
_____	_____	_____
Preferred Address		City
_____	_____	_____
State/Province	Postal Code	Country
		This is my: Office Home
_____	_____	_____
Preferred E-mail		Preferred Phone Number

Part B: Exam Date Selection

Exams are administered via computer at your place of employment, or at a designated testing center.

Please see the attached exam schedule. Dates are subject to change based on business needs. Please visit the certification page at www.apwa.org to confirm availability prior to submission.

In the event you encounter technical issues; support is available from 8:00am to 4:30pm CST. We are not able to guarantee availability outside of normal works hours.

All applications must be submitted no less than 30 days prior to your preferred exam date.

_____	_____
Preferred exam date	Estimated exam start time

Exam dates will fall between Tuesday – Thursday during available testing weeks.

Exam Administration Requirements:

1. The exam candidate must have a designated computer space free from distractions to complete the exam.
2. The designated proctor must download the web-based testing software prior to the exam date (complete download instructions will be provided by APWA).
3. The designated proctor must be present during the exam to enter passwords and monitor candidate during testing.

A complete exam administration FAQ can be found on the [APWA website](http://www.apwa.org) under the CSM section of the Certification webpage.



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Part C: Test Delivery

Your certification exam must be supervised by an officially approved proctor. It is your responsibility to contact a person to act as a proctor and submit this completed form.

The person you select should not have an interest in you passing the exam. Some examples of appropriate proctors are: 1) Human resources personnel 2) Administrative personnel, 3) Supervisor from another department; cannot be your direct supervisor.

Your proctor cannot be a relative, a co-worker/peer, direct supervisor or anyone who may be tempted to allow you to break the rules of the exam as stated in the APWA proctor agreement.

I have contacted the person below who has agreed to act as the proctor for the CSM certification exam. I certify that the information on this form is true and complete and understand that if I supply inaccurate or misleading information, I may be subject to disciplinary action by the Certification Commission and my certified status may be affected.

Printed Name

Signature

Date

Place of Employment

Identify a proctor at your place of employment.

Proctor Name

Phone Number

E-mail Address

Location of Exam

Testing Center

If you prefer to use a testing center, please indicate the testing center where you have scheduled your exam. If you have not yet scheduled your exam, please contact the Certification staff at certification@apwa.org for assistance.

Name of Testing Center

Testing Center Phone Number

Testing Center E-mail

Testing Center Location



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Part D: Opt-Out

Upon earning your certification, APWA will release your name in the APWA Reporter and add you to the CSM Map. Please check the box to opt out.

Part E: Application Fee Payment - \$500

Payment Methods

Credit Card (Visa/MasterCard/American Express)

You must **call 1-800-848-2792** to provide payment by credit card. Please make sure to have your invoice number ready when you call.

Check/Money Order (Payable to APWA in U.S. funds)

Mail check/money order payments to: APWA, Attn. Certification, 1200 Main Street, Suite 1400, Kansas City, MO 64105-2100.