

# **Certified Public Works Professional – Supervision Eligibility Application**

# Important Instructions — Please Read Before Completing This Application

Carefully review the following instructions **before** filling out your application.

Incomplete or improperly completed applications **may result in processing delays** or **ineligibility**. The application **must be completed in full**.

An **invoice** will be generated and sent to the email address you provide **within one to two weeks** after your completed application is received.

#### **Submission Guidelines**

- 1. **Meet all eligibility requirements** before submitting your application.
- 2. An application is considered **complete** only if:
  - All requested information is provided
  - All responses are legible
  - All details are accurate
     Incomplete applications will be returned with a request for missing information, which may cause processing delays.
- 3. **Retain a copy** of your completed application and these instructions for your records.

### **Application Fee**

**Instructions:** Please indicate your APWA member status and select your payment method below.

Member: \$95 USD

Nonmember: \$145 USD

#### **Accepted Payment Methods**

- Credit Card (Visa / MasterCard / American Express)
- Check or Money Order (payable to **APWA** in **US funds**)

**Note:** Purchase orders are **not accepted**.

#### **Submit Completed Applications To:**

Email: certification@apwa.org

Mail: APWA – Attn: Certification
1200 Main Street, Suite 1400
Kansas City, MO 64105-2100

### Payment Method (Select One)

**Credit Card** (Visa / MasterCard / American Express)

An **invoice** will be generated and sent to the email address you provide **within one to two weeks** after your completed application is received. To provide payment, please **call 1-800-848-2792** and have your **invoice number** ready.

**Check / Money Order** (Payable to **APWA** in US funds)

Mail your **payment** along with the **completed application** to the address above.



## **Eligibility Application Process**

Participation in the Public Works Professional Certification Program is open to individuals who meet the specified eligibility requirements. Membership in APWA is **not** required to apply.

The APWA Certification Council reserves the right to request additional documentation or conduct inquiries as necessary to evaluate the applicant's education, work experience, competencies, and moral character.

All correspondence regarding certification will be directed to the contact information provided in the application. It is the applicant's responsibility to inform APWA in writing of any changes to their contact details.

## **Eligibility Requirements**

The Certification Program consists of the following three components:

- 1. Eligibility Application Process
- 2. Multiple-Choice Examination
- 3. Recertification Process

To be eligible for certification, candidates must submit an application that demonstrates compliance with **all** of the following requirements:

#### Education and Experience

Completion of one of the following pathways:

- High school diploma or equivalent and a minimum of three (3) years of experience in public works; or
- High school diploma or equivalent, one (1) year of experience in public works, and successful completion of an APWA nationally approved Public Works Institute

## Supporting Materials

- Resume or documentation verifying relevant work experience
- A brief written statement explaining the candidate's reason for pursuing certification
- Signed agreement to adhere to the APWA Standards of Professional Conduct
- Payment of the current non-refundable application fee

## **Applicant Ineligibility**

An applicant may be deemed ineligible to take the examination for any of the following reasons:

- Insufficient documentation to assess eligibility
- Documentation submitted does not meet the eligibility requirements
- Non-payment of required fees

If an application is incomplete or lacks the necessary documentation, the applicant will be notified and given a deadline to submit the missing information. Failure to respond by the specified deadline will result in the denial of the application.

## **Fees and Payment Methods**

The following fees apply to the Stormwater Manager Certification Program:

• Eligibility Application Fee (non-refundable)

APWA Member: \$95 USDNonmember: \$145 USD

Examination Fee

o Employer-Proctored: \$300 USD

Testing Center: \$300 USD + applicable
 Testing Center fees

• Recertification Application Fee (non-refundable)

APWA Member: \$95 USDNonmember: \$145 USD

#### **Accepted Payment Methods**

Credit card, check, or money order made payable to **APWA** in US funds.

Purchase orders will not be accepted.

# **Processing Time**

If the application is complete and meets all eligibility requirements, the standard processing time is **10 business days** from the date of receipt.

Incomplete applications will result in processing delays.

Once the application has been reviewed and approved, the applicant will receive an email with **instructions on how to proceed with the examination application**.

**Please note:** Exam applications submitted together with eligibility applications will not be processed.



# **Part A: Candidate Information**

**Note:** All fields are required unless otherwise indicated. Incomplete applications may delay processing.

First Name:	Middle Initial:	Last Name:		
Organization (Agency/Firm):	Job Title:			
Office Address:	City:			
State/Province:	Zip/Postal Code:	Country:		
		Office Phone Number:		
Home Address:		City:		
State/Province:	Zip/Postal Code:	Country:		
Home Email:		Home Phone Number:		
Preferred Mailing Address:	Office	Home		



### **Education and Work Experience Requirements**

To be considered eligible, applicants must meet **one** of the following education and work experience pathways:

- High school diploma or equivalent and a minimum of three (3) years of experience in public works;
   or
- **High school diploma or equivalent, one (1) year of experience** in public works, **and** successful completion of an **APWA nationally approved Public Works Institute**

#### **Part B: Documentation of Education**

**Instructions:** Indicate your **highest level of education completed** by checking **one** of the options below. Then complete the **Education Details** section to list the institution and the highest level of education achieved.

Their complete the <b>Lucture</b>	<b>Details</b> section to list the institution	rana the riightest level of education deflicted.
Select One (check only one)	:	
High School Diploma c	r Equivalent	
Certification of Comple	etion of APWA Nationally Approved	Institute
<b>Education Details</b>		
Institution Name	Dates Attended	Highest Level of Education Achieved



#### **Part C: Documentation of Work Experience**

#### Instructions

Determine the number of **years of relevant work experience** you are required to document based on your education level (refer to the education and experience requirements). Complete the form below **for each position** contributing to your required experience.

**Note:** A separate page is required for **each position** being submitted. You may also attach a Word document or additional pages if needed.

Name of Applicant: Current Job Title:			osition Information	Applicant and Po
Organization Address:  Dates of Employment (Month/Year):  From: To: Length of Employment:  Work Experience Details  Attach your current resume or provide a detailed summary below of your work experience relevant works.		rrent Job Title:	Name of Applicant:	
Dates of Employment (Month/Year):  From: To: Length of Employment:  Work Experience Details  Attach your current resume or provide a detailed summary below of your work experience relevant works.		osition Held:	Name of Organization:	
Work Experience Details Attach your current resume or provide a detailed summary below of your work experience relevant works.			ldress:	Organization Ad
Work Experience Details Attach your current resume or provide a detailed summary below of your work experience relevant works.			ment (Month/Year):	Dates of Employ
Attach your <b>current resume</b> or provide a detailed summary below of your work experience relevant <b>works</b> .		gth of Employment:	To:	From:
	•		·	works.

**Note:** You may attach additional sheets as necessary. Incomplete submissions or insufficient detail may result in a finding of **ineligibility**.



**Current Supervisor Verification** 

# Part D: Verification of Work Experience Instructions

This section must be completed by **two authorized individuals** who can verify the applicant's work experience as described in **Part C**:

- 1. The applicant's current supervisor, and
- 2. A representative from the organization's **Human Resources department**

	Current Supervisor:
Current Title	<u> </u>
Daytime Pho	ne Number:
was employed reviewed the j	e applicant named in this application <b>is or</b> ed by the organization I represent. I have ob responsibilities listed in Part C and confirm cant's experience meets the definition of experience.*
Signature: _	
Date:	
Full Name of	Human Resources Personnel:
Full Name of Current Title	
	:
Daytime Pho I verify that th was employereviewed the j	ne Number:  e applicant named in this application is or ed by the organization I represent. I have ob responsibilities listed in Part C and confirm
Daytime Pho I verify that th was employe reviewed the j that the applic relevant work	ne Number:  e applicant named in this application is or ed by the organization I represent. I have ob responsibilities listed in Part C and confirm

# Part E: Agreement and Affirmation Instructions

Carefully review the **Standards of Professional Conduct** below, then sign and date the section to affirm your agreement.

# As a candidate for certification, I affirm the following:

- I will keep the public trust and will not take personal advantage of privileged information or relationships.
- I will put public interest above individual, group, or societal interest and consider my chosen occupation as an opportunity to serve society.
- I will encourage sustainability through the wise use of resources—natural, financial, and human.
- I will consider public health and safety in every aspect of my work.
- I will conduct myself with personal integrity in a manner that enhances and honors the reputation of the profession, my employer, my community, and the association.
- I will ensure that the work for which I am responsible complies with all applicable legal requirements at the local, state, provincial, or federal level.
- I will strive to plan, design, build, maintain, and operate public infrastructure in a manner that respects the environment and preserves public assets for future generations.

I agree to adhere to the APWA Standards of Professional Conduct, and I affirm that I have no felony convictions related to the practice of public works.

Signatu	re: _	 	 	 
Date: _		 	 	 
		 _		

#### Part F: Candidate Acknowledgement

I certify that all information and documentation provided in this application is **true and complete** to the best of my knowledge.

I understand that **APWA reserves the right to verify** any information submitted and that **submitting this application does not guarantee certification** or any associated privileges.

Signature: _	 	 
Date:		

<sup>\*</sup>Relevant work experience refers to duties performed in public works that demonstrate applied knowledge, leadership, and involvement in public service delivery.



# Part G: Final Checklist

Please review the checklist below to ensure that your application is complete. Incomplete applications may result in delays or denial of eligibility.

#### **Part A: Candidate Information**

I have completed all required fields in Part A.

#### **Part B: Documentation of Education**

I have indicated my highest level of education completed and/or enclosed a copy of my certificate, diploma, or transcript.

### **Part C: Documentation of Work Experience**

I have documented the required number of years of public works experience, based on my education level.

### Part D: Verification of Work Experience – Authorized Signatures

I have obtained original signatures from **two authorized individuals** (a current supervisor and a human resources representative) verifying my work experience.

## **Part E: Agreement and Affirmation**

I have read and signed the APWA Standards of Professional Conduct statement.

## **Part F: Candidate Acknowledgement**

I have signed the statement affirming the accuracy and completeness of this application.

# **Application Submission**

I have compiled all required materials into a single application packet and submitted it to APWA.

# **Submit your completed application to:**

**Email:** certification@apwa.org

Mail: APWA – Attn: Certification

1200 Main Street, Suite 1400 Kansas City, MO 64105