



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

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

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.