



# Demographic Survey for Professional Credential

## 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 10 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?

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

5. Highest academic degree held:

- |  |   |
|--|---|
| <input type="checkbox"/> High school diploma/GED | <input type="checkbox"/> Masters Degree   |
| <input type="checkbox"/> Associate Degree        | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> Baccalaureate Degree    |   |

6. Which best matches your current employment?

- |  |   |  |                                   |
|--|---|--|-----------------------------------|
| <input type="checkbox"/> Government agency/dept  | <input type="checkbox"/> Environmental for Profit     | <input type="checkbox"/> University/academic | <input type="checkbox"/> Military |
| <input type="checkbox"/> State agency/dept       | <input type="checkbox"/> Environmental Not for Profit | <input type="checkbox"/> Industrial/Factory  | <input type="checkbox"/> Other    |
| <input type="checkbox"/> Local Health Department | <input type="checkbox"/> Own company                  |  |                                   |

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

- |  |                                   |   |   |
|--|-----------------------------------|---|---|
| <input type="checkbox"/> Trainee         | <input type="checkbox"/> Laborer  | <input type="checkbox"/> Supervisor/Manager | <input type="checkbox"/> Equipment Operator |
| <input type="checkbox"/> Field Inspector | <input type="checkbox"/> Engineer | <input type="checkbox"/> Owner              |   |
| <input type="checkbox"/> Other _____     |                                   |   |   |

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

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> less than 2 years | <input type="checkbox"/> 5 – 9 years   | <input type="checkbox"/> 16 –20 years  |
| <input type="checkbox"/> 2 – 4 years       | <input type="checkbox"/> 10 – 15 years | <input type="checkbox"/> over 21 years |