



San Diego Installer Training Application for Certified Installer Onsite Wastewater Treatment Systems (CIOWTS) Credential (Basic Level)

Rev. 01/12

This application is for attendees of the NAWT/COWA Installer Training that is taking place at the NEHA Annual Educational Conference in San Diego, CA, June 27th, 2012. The Basic Level exam fee is included in the cost of the training. If you wish to take the exam without attending the training, please the application available here: http://www.neha.org/pdf/cred/Onsite/CIOWTS_Credential_Application.pdf.

If you are attending the training but wish to take the Advanced Level exam, please contact Christl Tate at 303-756-9090 x305, or ctate@neha.org.

Step 1. Name and Address of Applicant (Please print or type.)

Name: _____

Business Name: _____

Business Address: _____
Street Address

Business Address: _____
City ST Zip Code

Home Address: _____
Street Address

Home Address: _____
City ST Zip Code

Daytime Telephone: _____ Home Telephone: _____

Fax Number: _____ E-mail: _____

NEHA Membership Number (if applicable): _____ Preferred Address to Receive Mail: Business
 Home

Step 2. NEHA Credential Options, Fees and Payment Information

Credential Name

____ Certified Installer of Onsite Wastewater Treatment Systems BASIC LEVEL

Payment Options:

____ Payment covered by California Onsite Wastewater Association

CRITERIA:

You must:

- 1) be 18 years old.

Step 3. Administration Options

____ OPTION ONE – California Onsite Wastewater Association Installer Training, San Diego, CA.

Step 4. Statement of Affirmation

I, _____, do solemnly swear and affirm that I am the applicant named in this application; that I have made or read the contents hereof, and to the best of my knowledge and belief, the foregoing statements and answers are true in substance and effect, and are made in good faith.

X _____
Signature of Applicant *Date*

Step 5. NEHA Code of Ethics for NEHA Credentialed Professionals

As an environmental professional, credentialed by the National Environmental Health Association, I hereby acknowledge, accept, and profess to abide by the following code of conduct and ethics:

- As long as my credential is in an active status, I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- I will proudly represent my credentialed status and the credential itself to my professional peers, and to the public I serve.
- In the course of performing my duties, I will conduct myself in a professional manner befitting of my credentialed status.
- For the sake of elevating the recognition and status of my field, I will actively encourage my professional colleagues to consider earning this credential for themselves.
- I will do nothing to undermine, detract from, or otherwise cause to develop any damaging associations with respect to this credential. I accept that any activity on my part that will cause this credential any measure of injury serves as a breach and a failure on my part to uphold this code of ethics. Moreover, I accept that such action, for which I might be responsible, could result in the revocation of my credential.
- I commit that my professional goal is to serve humankind by doing whatever I am able to do in the course of carrying out my professional responsibilities to maintain and provide a healthful environment for all.

X _____
Signature of Applicant *Date*

For COWA office use only: Please return this application to the NEHA office for processing prior to workshop start date.

Send to:

Carol Newlin

NEHA

720 S. Colorado Blvd.

Suite 1000-N

Denver, CO 80246