



Application for Certified Installer Onsite Wastewater Treatment Systems (CIOWTS) Credentials

(Please allow 4-6 weeks for processing)

Rev. 4/17

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

NEHA Membership # if known: _____

NAME: _____

PREFERRED MAILING ADDRESS: _____ Job Title: _____

Street Address

City/State/Zip Code

Work Telephone: _____ Home Telephone: _____

Mobile phone: _____ E-mail (this is required): _____

Employer Information: _____

Place of Employment

Street Address

City/State/Zip Code

Step 2. NEHA Credential Options, Fees and Payment Information *(Please "X" one below.)*

<u>Credential Name</u>	<u>Application Fee</u> <u>Mem/Non-Mem</u>	+	<u>Exam Fee</u> <u>Mem/Non-Mem</u>	=	<u>Total</u>	<u>Total</u>
____ Certified Installer of Onsite Wastewater Treatment Systems BASIC LEVEL	\$25/\$50		\$125/\$150	=	\$150/\$200	_____
____ Certified Installer of Onsite Wastewater Treatment Systems ADVANCED LEVEL	\$50/\$85		\$145/\$170	=	\$195/\$255	_____
YES! I would like to join NEHA and take advantage of the member fees above. This is a yearly membership fee and includes access to the NEHA <i>E-Journal</i> .						<input type="checkbox"/> \$95
Other membership options are also available with various price structures. Visit www.neha.org/member .						
I choose to take the exam on a computer at a Pearson VUE testing center. I have enclosed the additional fee of \$100.00 for this service.						<input type="checkbox"/> \$100
Please note: New Pearson VUE price of \$110 will take effect 7/1/17 Name exactly as it appears on driver's license or ID: _____						
					TOTAL	_____

Payment Options:

____ Check/Money Order (make payable to NEHA) ____ Visa or MasterCard *(circle one)*

Credit Card # _____ Exp.: _____ CVV (number on back): _____

Billing address: _____
(street) (city, state, zip)

Name on card (printed): _____ Signature: _____

Refund Policy: Written requests for refund of exam and Pearson VUE fees will be honored only up to 90 days after the fees have been processed by NEHA. The Application Fee is non-refundable for all applications, including those that are rejected.

*NOTE: For both the BASIC and ADVANCED levels of the credential, you must meet the criteria listed as 1 below. For the ADVANCED LEVEL, you must also meet criteria 2. If you do not meet the criteria, you cannot check this option.

CRITERIA: You must:

- 1) Be 18 years old;
And (FOR ADVANCED LEVEL ONLY)
- 2) Complete the Work Experience Verification Form.

Step 3. Proof of Age

Please provide proof of age (i.e. copy of driver's license, passport, etc.)

Step 4. Administration Options (Please select 1, 2, or 3 below, and fill out the requested information.)

- OPTION ONE – NATIONAL CONFERENCE.** The exam may be administered each year at the NEHA Annual Educational Conference (AEC) & Exhibition. For more information please visit www.neha.org.
- OPTION TWO – STATE AFFILIATE/REGIONAL MEETING TEST DATE.** NEHA will make arrangements with state affiliates or groups planning to test candidates at their meetings throughout the year.

Name of Meeting: _____

Exam Date: _____

- OPTION THREE – COMPUTER TESTING AT PEARSON VUE.** These exams are available on computer at Pearson VUE testing centers in the United States. For this option an additional fee of \$100.00 will apply. Please include the \$100.00 fee with your exam and application fees to NEHA. For information regarding the center nearest you, please visit www.pearsonvue.com/neha or contact the NEHA Credentialing Department at (303) 756-9090 ext. 310.

Step 5. Professional Conduct Questions - SIGNATURE REQUIRED

1. Have you ever had a professional certification, registration and or license revoked, suspended, sanctioned or had any disciplinary action against you either in the United States or another country?

___ Yes ___ No

If YES, Please explain in detail on an attached sheet the circumstances.

2. Have you ever been convicted of a felony or a misdemeanor?

___ Yes ___ No

If YES, Please explain in detail on an attached sheet the circumstances and include: the charge, date and location of conviction.

X

Signature of Applicant

Date

Step 6. Statement of Affirmation – SIGNATURE REQUIRED

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 7. NEHA Code of Ethics for NEHA Credentialed Professionals – SIGNATURE REQUIRED

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

- I shall endeavor to keep myself current and informed and satisfy any continuing education requirements that may be in effect for my credential.
- I shall conduct myself in a professional manner befitting of my credentialed status.
- I shall proudly represent my credentialed status to the public I serve.
- I shall 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 actions for which I might be responsible could result in the revocation of my credential.
- I shall do nothing to impair my ability to discharge any administrative or regulatory duty related to my professional credential that may also be required under federal, state or local law as a part of the position I hold.

X

Signature of Applicant

Date

Step 8. Work Experience Verification Form (REQUIRED FOR ADVANCED LEVEL ONLY).

The following form must be signed by a *third party* to be used to verify a minimum of two (2) years work experience in installation of onsite wastewater treatment systems by the applicant. Verifications may be provided by a supervisor, human resources department, local/county/state health department, or a CIOWTS certified co-worker that works with you. May be faxed to NEHA at 303-691-9490.

I verify that _____ has a minimum of two (2) years work experience
(Applicant's Name)
installing onsite wastewater treatment systems.

Please note: Individuals providing verification of work experience may be contacted by NEHA during a random application audit.

Person verifying applicant's work experience in installation of wastewater treatment systems please complete the following:

NAME (Print full name) _____ (Relationship to candidate)

TITLE _____

NAME OF COMPANY _____

STREET ADDRESS _____

CITY, STATE, ZIP CODE _____

DAYTIME TELEPHONE _____

EMAIL ADDRESS _____

SIGNATURE _____ DATE _____

Step 9. Mail, Fax, or E-mail your completed application with payment to:

National Environmental Health Association, Attn: Credentialing Department, 720 S. Colorado Blvd., Ste. 1000-N, Denver, CO 80246. **Fax: 303-691-9490**, E-mail: credentialing@neha.org

If you have any questions or need assistance completing this application, please contact the NEHA Credentialing Department at Phone: 303-756-9090, ext. 310; Internet: www.neha.org.