

IOWA ONSITE WASTE WATER ASSOCIATION (IOWWA)
Credential Application for the National Environmental Health Association
Certified Installer Onsite Wastewater Treatment Systems (CIOWTS)

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

Name: _____

IOWWA Membership Number (if applicable): _____

Business Name: _____

Business Address: _____
Street Address

Business Address: _____
City State Zip Code County

Daytime Phone: _____ Cell Phone: _____ Fax Number: _____

E-mail: _____

Step 2. Test Administration

OPTION One: Exam Date: _____ Location: _____

OPTION Two: 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 IOWWA. For information regarding the center nearest you, please visit www.pearsonvue.com/neha

NOTE: For both the Basic and Advanced Levels you must verify that you are at least 18 years old.
Option One: Proof of age must be submitted prior to taking the test at the test site registration (i.e. copy of driver's license or birth certificate).
Option Two: A readable copy of the applicant's driver's license or birth certificate is required with the test application submittal.
 For the Advanced Level **only** you will need to also complete Step 4 - Work Experience Verification.

Step 3. Fees and Payment Information

Exam Fee:	Member	Non-member
<input type="checkbox"/> Certified Installer of Onsite Wastewater Treatment Systems BASIC LEVEL	\$125.00	\$150.00
<input type="checkbox"/> Certified Installer of Onsite Wastewater Treatment Systems ADVANCED LEVEL	\$145.00	\$170.00
<input type="checkbox"/> I wish to take the exam within four weeks of this application. I have enclosed a \$25 expedite fee for this service	\$ 25.00	
<input checked="" type="checkbox"/> I choose to take the exam on computer at a Pearson VUE testing center. I have enclosed the additional fee of \$100.00 for this service.	\$100.00	
<input type="checkbox"/> YES! I would like to join IOWWA and take advantage of the member fees. Attached is my membership application with the appropriate payment		

PAYMENT:

Credit Card payment (Visa/MasterCard only) complete ALL items - form can be faxed to **515-225-8187**

Credit Card # _____ Exp. Date: ____/____ **Amt to Process:** \$ _____

Authorized Signature: _____

Cardholder email if different from above: _____

Enclosed check payable to "IOWWA" , check # _____

Step 4. Work Experience Verification (REQUIRED FOR ADVANCED LEVEL ONLY).

The following 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 CIOWTS certified co-worker that works with you.

I verify that (applicant's name) _____ has a minimum of two (2) years work experience in installation of onsite wastewater treatment systems.

Please note: Individuals providing verification of work experience may be contacted by IOWWA during a random application audit. Person verifying applicant's work experience in installation of wastewater treatment systems, please complete the following:

_____		_____	
Name	Title		

Company			
_____		_____	
Street Address	City	State	Zip
_____		_____	
Day time phone	Email		
_____		_____	
Signature		Date	

Step 5. Demographic Survey

The demographic survey questions that follow must be answered in order to complete processing your application. Your answers will provide IOWWA with valuable demographic information that will be utilized to further enhance our credentialing programs. If you do not complete the following 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 will 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. Highest academic degree held:
 - High school diploma/GED Masters Degree Associate Degree
 - Doctorate Degree Baccalaureate Degree
5. Which best matches your current employment?
 - Government agency/dept Environmental for Profit University/academic Military
 - State agency/dept Environmental Not for Profit Industrial/Factory Other
 - Local Health Department Own company
6. What title would most accurately describe your current employment?
 - Trainee Laborer Supervisor/Manager Equipment Operator
 - Field Inspector Engineer Owner Other _____
7. How many years experience do you have working in the field of onsite wastewater?
 - less than 2 years 2 – 4 years 5 – 9 years 10 – 15 years 16 – 20 years over 21 years

Step 6. IOWWA Code of Ethics for IOWWA Credentialed Professionals and Statement of Affirmation

- As an environmental professional, credentialed by the Iowa Onsite Waste Water Association (IOWWA), 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.

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. Checklist and Mailing Instructions

Basic Level:

- Completed and signed where applicable (with the exception of Step 4)
- Proof of age (i.e. Copy of Driver's license or birth certificate) submitted at test site or submitted with application if using a Pearson VUE computer testing site.

Advanced Level:

- Completed Step 4 Work Experience Verification
- Proof of age (i.e. Copy of Driver's license or birth certificate) submitted at test site or submitted with application if using a Pearson VUE computer testing site.

Mail your completed application with payment to:

Iowa Onsite Waste Water Association
C/o Alice Vinsand Inc.
10927 Lincoln
Des Moines IA 50325

If you have any questions or need assistance completing this application, please contact IOWWA

Phone: 515-225-1051 / Fax: 480-802-6643

E-mail: Shirley@avinsandinc.com

IOWWA--EIN# 42-1483264

www.iowwa.com