



Certified Workforce Specialist (CWS) Recertification Application Package



Congratulations on renewing your certification! This continues to show your employer and your co-workers your initiative in continuing your professional development.

The Certified Workforce Specialist (CWS) credential is administered and awarded by the International Association of Workforce Professionals (IAWP). IAWP is a worldwide professional association available to all individuals with a common interest in workforce systems. IAWP equips members for success by providing the highest quality of education, leadership, information exchange, and recognition of excellence through a network of local, regional, and International chapters preparing members for the workforce challenges of tomorrow.

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www.iawponline.org

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CERTIFICATION PERIOD

Certification is valid for three years from time of approval.

RECERTIFICATION

Every three years after your initial certification, a recertification can be applied for as long as the individual can show proof that they:

1. Are still employed in a workforce development profession
2. Are still a member of a professional association
3. Provide proof that they have completed at least 100 hours of professional development training since their last certification.

APPLICATION PROCESS

A. Application Form The official application form for recertification must be completed legibly and sent to the IAWP Administrative Office with the required documentation and fees as noted.

B. Time Frame for Review Applications will be reviewed by the IAWP Review Committee within two (2) months of receipt.

C. Notification/Recognition Approved applicants will be notified within two (2) weeks of completion of review by way of a certificate and letter of congratulations.

Recertified Certified Workforce Specialists will be recognized in the IAWP publication *Workforce Professional* and in the printed program of the IAWP Annual International Educational Conference. Certified Workforce Professionals are encouraged to use the "CWS" designation after their name in professional correspondence.

If your application is not accepted, IAWP will provide a written explanation for the non-recertification and options for correction or resubmittal. You may resubmit the application once within six months from the date on the non-acceptance letter without an additional application fee.

REVIEW

Your application will be reviewed by members of the IAWP Educational Development Committee within two months of receipt. You will be notified by mail only whether you were recertified or not. The IAWP Administrative Office will not be able to respond to telephone inquiries about your application status.

FEES

Re-certification (every 3 years). The reapplication fee is \$50.

FREQUENTLY ASKED QUESTIONS

1. What does “professional development training” mean?

Any training that helps improve your job performance and/or is related to workforce development.

2. What format of training can be used?

Recorded or live webinars, video training, live training, classes, workshops, conferences (including IAWP conferences or educational events, etc.

3. Where can I get hours for recertification?

Your employer, a local community college or university, online, etc. There are some free and low cost sources for training on the IAWP website at <http://www.iawponline.org/education.html> which might help you get started.

4. Is there financial aid available for recertification?

Yes, the Logan Chambers Individual Scholarship (<http://www.iawponline.org/loganenr.html>) can be used for the actual training (provided it meets the scholarship’s guidelines). The IAWP Professional Development Memorial Scholarship Fund (<http://www.iawponline.org/memorialenr.html>) is a one-time use scholarship specifically for the CWS program.

5. Does the work experience have to be related to workforce development?

Yes, the applicant should be involved in processes or systems that assist or support the workforce (individuals, groups and/or businesses) in preparing for, obtaining, or maintaining employment, including but not limited to one-stops, unemployment, labor market information, business services, veterans, rehabilitation, and WIA. .

6. How long is the recertification process?

Applications are reviewed within two months of receipt and applicants are notified of the decision within two weeks of the end of the review.

7. Who reviews the applications?

Members of the IAWP Educational Development Committee.

8. What if my application is not accepted?

You will receive a written reason for the non-recertification and options to make corrections.

9. How long is the recertification valid? Three years.

10. What are payment options for the application fee?

Check (made payable to IAWP) or credit card (Visa or MasterCard only).



CHECKLIST FOR YOUR CWS RECERTIFICATION APPLICATION

_____ FORM: Completed and signed application form

_____ CONTINUED WORKFORCE-RELATED EMPLOYMENT: enclose a copy of:

_____ Recent performance evaluation OR

_____ Hire date verification (on application form)

_____ CONTINUED PROFESSIONAL MEMBERSHIP:

_____ IAWP member (IAWP Administrative Office will verify membership)

_____ Other association: enclose copy of membership card or other documentation

_____ PROFESSIONAL DEVELOPMENT (at least 100 hours): Professional development training can include verifiable attendance at IAWP International Educational Conference workshops, IAWP Chapter training seminars, or other workforce development training. List dates, titles, providers, and hours and include documentation.

_____ FEE: enclose payment for recertification (\$50)

_____ MAIL TO: IAWP
1801 Louisville Road
Frankfort, Kentucky 40601



CWS RECERTIFICATION APPLICATION FORM

Title (*circle one*): **Dr. Mr. Ms. Mrs.**

Last Name: _____

First Name: _____ Middle Initial: _____

Home Address: _____

City: _____ State _____ Zip Code _____

Business Title: _____

Company/Agency Name: _____

Company/Agency Address: _____

City: _____ State _____ Zip Code _____

Office email: _____

(Notices and reminders will be sent to this address unless otherwise requested.)

Preferred Mailing Address: _____ Home _____ Business _____

Optional information:

Home phone: _____ Home email: _____

Office Phone: _____ Office fax: _____

Continued Employment in Workforce Development

You must continue to be employed in the workforce development field. Please provide information about your current employer. Date of hire must be verified with your supervisor's signature.

Current Employer: _____

Address: _____

City/State/Zip: _____

Years with current employer: _____ Date of hire: _____

Supervisor's signature: _____

Continued Professional Membership:

The applicant must have maintained membership in IAWP for the previous three (3) consecutive years or have similar membership in another workforce development professional association for the same time frame.

Verification of IAWP membership will be done by the IAWP Administrative Office. Other association memberships will require documentation and verification.

Association Name: _____

Address: _____

City/State/Zip: _____ Telephone: _____

Member Number: _____

Continuing Professional Development

Recertification requires at least 100 hours of workforce-related professional development in the last three (3) years. Please list dates and hours earned in a training log format similar to this:

Date	Course Title	Training Provider	Hours

Documentation

Documentation of training is required. It can be scanned and e-mailed along with the application and training log to the Administrative Office.

Certify

By signing below, I certify the information in this application is accurate, true, and complete to the best of my knowledge. I agree IAWP has the right to contact any person or agency/business to verify this information. I authorize the release of information needed in the verification of information contained in this application to IAWP.

Applicants Signature: _____ Date: _____

Payment

Amount: _____ Recertification (\$50)

Payment Method: _____ Check enclosed _____ Charge to Visa or MasterCard

Cardholders Name: _____

Address: _____

City/State/Zip: _____

Signature: _____

Account #: _____ Exp. Date ____/____