

Workforce Professional Development Program Application/Intent to Test

Version 5.0 – July 1, 2012

WPDP Participant Data

Date Submitted:	
Name:	
Home Address:	
Business Phone:	
Home/Cell Phone:	
E-mail Address:	
Agency/Employer:	
Chapter Affiliation:	
IAWP Member:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Job Responsibilities

<input type="checkbox"/> Employment Service	<input type="checkbox"/> Unemployment Insurance	<input type="checkbox"/> Labor Market Information
<input type="checkbox"/> Administrative Support	<input type="checkbox"/> Job Training/WIA	<input type="checkbox"/> Veteran Services
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Workers Compensation	Other: _____

Job Category

Professional <input type="checkbox"/>	Para Professional <input type="checkbox"/>	Clerical Support <input type="checkbox"/>
Managerial <input type="checkbox"/>	Supervisory <input type="checkbox"/>	Other: _____

Purchase Study Guides/Tests

<input type="checkbox"/> History of Workforce Development - Unit 1	\$10.00	<input type="checkbox"/> Labor Market Information - Unit 1	\$10.00
<input type="checkbox"/> History of Workforce Development - Unit 2	\$10.00	<input type="checkbox"/> Labor Market Information - Unit 2	\$10.00
<input type="checkbox"/> History of Workforce Development - Unit 3	\$10.00	<input type="checkbox"/> Labor Market Information - Unit 3	\$10.00
<input type="checkbox"/> History of Workforce Development - Unit 4	\$10.00	<input type="checkbox"/> Labor Market Information - Unit 4	\$10.00

<input type="checkbox"/> Unemployment Insurance - Unit 1	\$10.00	<input type="checkbox"/> Business and Job Seeker - Unit 1	\$10.00
<input type="checkbox"/> Unemployment Insurance - Unit 2	\$10.00	<input type="checkbox"/> Business and Job Seeker - Unit 2	\$10.00
<input type="checkbox"/> Unemployment Insurance - Unit 3	\$10.00	<input type="checkbox"/> Business and Job Seeker - Unit 3	\$10.00
<input type="checkbox"/> Unemployment Insurance - Unit 4	\$10.00	<input type="checkbox"/> Business and Job Seeker - Unit 4	\$10.00

Number of Units Total Cost \$

Intent to Test

Intent to test or retest requests must reach the IAWP Administrative Office 30 day prior to the desired test date

Desired Test Date: _____

<input type="checkbox"/> History of Workforce Development - Unit 1	<input type="checkbox"/> Labor Market Information - Unit 1
<input type="checkbox"/> History of Workforce Development - Unit 2	<input type="checkbox"/> Labor Market Information - Unit 2
<input type="checkbox"/> History of Workforce Development - Unit 3	<input type="checkbox"/> Labor Market Information - Unit 3
<input type="checkbox"/> History of Workforce Development - Unit 4	<input type="checkbox"/> Labor Market Information - Unit 4

<input type="checkbox"/> Unemployment Insurance - Unit 1	<input type="checkbox"/> Business and Job Seeker - Unit 1
<input type="checkbox"/> Unemployment Insurance - Unit 2	<input type="checkbox"/> Business and Job Seeker - Unit 2
<input type="checkbox"/> Unemployment Insurance - Unit 3	<input type="checkbox"/> Business and Job Seeker - Unit 3
<input type="checkbox"/> Unemployment Insurance - Unit 4	<input type="checkbox"/> Business and Job Seeker - Unit 4

(Tests must be completed within 36 months of enrollment)

Please check if this is a retest (Retest Price: \$10 per exam) Total Retest Cost \$

Payment Options

Total Amount Due:	
Check or Money Order, Payable to IAWP:	<input type="checkbox"/>
Credit Card:	VISA <input type="checkbox"/> MasterCard <input type="checkbox"/>
Cardholder's Name:	
Credit Card Number:	
Expiration Date:	
Signature for Credit Card Payment:	

Mail completed application and check/credit card authorization to the IAWP Administrative Office, Attn: WPDP Enrollment,
1801 Louisville Road, Frankfort, KY 40601 Phone: 502.223.4459 Fax: 502.223.4127