Chapter 4: The IAPES Foundation

Overview

The IAPES Foundation was established in 1997 and carries a 501(c)(3) tax-exempt, charitable status. It is IAWP’s educational development and fund raising branch and may receive tax-deductible grants and contributions from donors, other foundations, IAWP members, and corporate-giving programs.

The Foundation’s goals

1. Assist in improving service-delivery performance and promote professional standards for associates of workforce programs globally.
2. Encourage problem solving techniques and solutions in the workforce arena.
3. Foster the development of best practices of operation for workforce program functions, stimulating greater uniformity of procedures.
4. Assist in workforce program job placement activities
5. Encourage networking opportunities and provide a forum of discussion for best practices for persons who work in workforce system programs
6. Help contribute to the advancement of peace, goodwill, and international understanding through world fellowship among persons working in workforce systems programs.
7. Acquire by gift or purchase such real and intangible properties to further the aims and objectives of the corporation. Hold, lease, sell, or convey such property through its board of trustees. Accept, hold, and use gifts and contributions of any nature for the use and benefit of the corporation and its members. Establish scholarships and participate in college/university programs of an education nature.
8. As officers and a board of trustees, assist in the delivery of the foundation’s aims and goals while also supporting the purposes of IAWP, Inc.

Note: All foundations are expressly prohibited from funding or participating in any effort to influence legislation in any manner. Member donations to support Legislative-awareness activities may be made only to the IAWP, Inc.

Foundation Governance

 Governed by a 18-member board of trustees, the foundation’s volunteer leadership structure complies with the IRS sub-classification 501(c)(3), making it an association-based foundation. The tax code also requires cross representation between the organizations’ governing boards. Trustees are initially appointed by the IAWP Board of Directors and serve three-year terms. Association officers automatically serve on the foundation board with the exception of the vice-president. The foundation’s board elects its own officers. Committees include Executive, Operations and Strategic Planning.
Association Partnerships

Center for Workforce Learning

The foundation’s Center for Workforce Learning was approved in 1999 as an internal entity to attract donor interest in projects that focus on member education, international outreach, and workforce related programs that serve special populations. These activities require direct coordination with the IAWP chairs for Education, International Development, and Recognition, who are responsible for project conception, determination, execution, and completion.

The center also houses an enhancement council for the IAWP Workforce Professional Development Program (WPDP) and seeks funds for research and development activities to update the program’s resource guides, examinations, and technical enhancements.

The center also provides contract services including fee-for-percent administrative fee for basic services. Pass-through subcontracting for government agencies and other organizations also can be negotiated. Processing fees may vary.

Assistance to IAWP Chapters

The foundation can assist IAWP Chapters in developing plans and determining donors to secure outside funding for local projects. Projects must correspond with the foundation’s published objectives. This provides local donors with a tax-deductible incentive to encourage giving of both cash and in-kind services.

In order for chapters to qualify for this assistance, they must:

- Work well in advance of the scheduled project or activity.
- Identify and submit their project framework, goals, objectives, time-lines, financial requirements, and other documentation to justify the project’s need.
- Advise the Foundation of any local donors they have contacted directly or donors they believe would be receptive to the project’s objectives.

Projects that involve foundation coordination are also subject to an administrative fee for services. Amounts will vary based on the foundation’s actual involvement.

Note: Because the IAPES Foundation does not carry a group exemption letter, chapters may not transfer or use the Foundation’s 501 (c)(3) tax status as their own. Donors assisting chapters for specific projects may take advantage of the foundation’s tax status only when the foundation serves in a coordination role. Chapters that accept donor money or in-kind services are responsible to ensure such are used exclusively for the purposes agreed to in the donor-foundation arrangement or contract.
Special Initiatives

International Reserve

Assisting the development and involvement of non-U.S.A. members and chapters is a hallmark of any international organization. In this growing global economy, the need for international outreach and information exchange in the employment and training arena must be a priority in balancing worldwide labor markets, worker competitiveness and sharing best practices. Your donations ensure that IAWP can help emerging chapters reach their potential by providing materials, services and exchange strategies that bring everyone closer together.

Kari Smith Volunteer Spirit Fellowship

This fellowship is a dedicated, educational fund to defray transportation and housing costs for members to work in the IAWP Administrative Office for up to one month. Fellowship recipients must arrange for their absence from work, possibly taking personal leave, and be assigned to a Board of Director approved project that requires access to research or automation facilities at the Administrative Office. Your donations ensure research, design, and improvement of member services continue.

Bequests

Members may also contribute to the goals of IAWP through a bequest in their will. These funds can be earmarked for a specific initiative or use, or may be considered as a general contribution. This is an excellent way to insure your memory will live on through the work of your professional association.

Scholarships, Grants, WPDP, and CWS

Overview

Grants to Members and Chapters

The Association sponsors the Logan S. Chambers Individual Scholarship and W. Scott Boyd Group Grant. The association governs the grant programs and their application criteria, and all budgeted and donated funds to support these education benefits pass through IAWP’s budget.

Grants to Dependents of Members

The IAPES Foundation sponsors the Freddy L. Jacobs Student Individual Scholarship for dependents of IAWP full members. IAWP set the application criteria, but all funding is through IAPES Foundation fundraisers.

The IAPES Foundation’s Center for Workforce Learning houses an enhancement council for the IAWP Workforce Professional Development Program (WPDP) and seeks funds for research and development activities to update the program’s resource guides, examinations, and technical enhancements.
Grant Information

Freddy L. Jacobs Student Individual Scholarship

**Purpose:** The Freddy L. Jacobs Student Individual Scholarship is designed to provide financial assistance to Dependents of IAWP Full Members who wish to increase their knowledge, skills and abilities in the area of leadership or workforce development, who are pursuing an associate or undergraduate degree or other certification, or who are required to complete an extracurricular educational or training program to obtain a high school diploma.

**Eligibility:** The grant applicant must be Dependent of IAWP Full Members to be eligible. The applicant seeking this scholarship in the status of “dependent” must meet all five dependency tests set forth in the Internal Revenue Code (26 U.S.C. § 152, et seq.) and IRS Publication 929-Relationship Test; (2) Citizen or Resident Test; (3) Joint Return Test; (4) Gross income Test; and (5) Support Test.

The Dependent may apply for a grant on a yearly basis (January 1-December 31). The Full Member of the Dependent must be in good standing with IAWP. The IAPES Foundation, Incorporated will administer the scholarship and will determine the yearly eligibility status by the fiscal year in which the actual grant payment is made.

**Awards:** Grants for Dependents will be reviewed on a first come first serve basis throughout the calendar year. Once all the money in the grant account is exhausted, grants will no longer be available.

The maximum grant amounts for Dependents are based on the number of consecutive years of IAWP membership, which may include the current membership year.

- First year $75.00
- 2-4 years: $150.00
- 5 or more: $250.00

The total grant award may not exceed the allowable maximum for total instructional purposes, but can be applied toward several courses or seminars **UP TO** the allowable maximum as long as all courses or seminars are completed within the eligible fiscal year. If the Dependent received partial reimbursement from other sources, the Dependent’s grant may **NOT** exceed the total instructional cost **LESS** reimbursement amounts from the other sources. The Dependent can receive grants at any time during the fiscal year **OR** until IAPES Foundation depletes the budgeted grant funds. Grant request **MAY NOT** be:

- **Covered in whole by direct payment from other sources;**
  
  A. Covered in whole by an IAWP chapter grant;
  B. Financed in whole through other sources directly related to government-type appropriations, such as PELL grants; **OR**
  C. Applied toward student parking or non-course-related fees in an amount exceeding thirty percent (30%) of the grant awarded.

**Course Requirements:** The course must result in completion of credit hours or continuing educational units (CEUs), or certificate of completion, proof of which must be submitted with the Dependent’s grant application. Instructions must be provided by an accredited institution (college, university, business school, high school, or other educational entity) **OR** by a recognized professional or consulting organization (such as the American Management Association).
Application Procedures: The Dependent may obtain grant applications from IAWP chapter presidents or their official designees, the IAWP Administrative Office or the IAPES Foundation. IAPES Foundation through the IAWP Administrative Office NO LATER THAN 90 DAYS from the course-ending date. The IAPES Foundation will promptly advise the Dependent’s chapter president of the final grant status. Any decision denying an application by the IAPES Foundation shall be final.

Payment Procedures: Grant payments are made in two ways: Advance payments to the educational provider, OR reimbursement of the Dependent AFTER proof of course or seminar completion is submitted. The Dependent may NOT receive advance payment for courses or seminars not yet completed and verified. The Dependent must submit proof of course completion (a grade report or coup of a CEU certificate, or other certificate) WITHIN 90 (ninety) DAYS of the course-ending date (hereinafter “submission period”). The Dependent may obtain an extension for a period not exceeding thirty (30) days upon a showing of good cause as determined by the IAPES Foundation.

A. Advance Payment Procedure: Submit completed application and required documentation to the IAPES Foundation. Documentation must include the provider’s course or seminar description, a breakout of instructional costs, and the provider’s complete mailing address to which payment is to be remitted. Once the course has ended, submit proof of course completion.

B. Course Reimbursement Procedure: Submit completed application and required documentation to the IAPES Foundation within the submission period. Documentation must include the educational provider’s course description and the ORIGINAL receipt from the provider. If another source has partially reimbursed the Dependent and required the original receipt for its records, the Dependent must provide to the IAPES Foundation a certified copy of the receipt from the provider’s office AND the other source’s documentation of the costs the source reimbursed to the Dependent. In addition, the Dependent must submit proof of course or seminar completion as a part of the documentation necessary for reimbursement.

C. Consequences of Failure to Submit Required documentation: If the Dependent fails to complete the course or seminar or submit the appropriate proof of course completion within the submission period, the Dependent shall be required to reimburse the IAPES Foundation for the full grant amount that was awarded no later than thirty (30) day after the submission period has expired. Failure to reimburse the IAPES Foundation for the full grant amount will result in automatic ineligibility of the dependent for future grants of all types administered and/or awarded by the IAPES Foundation. Failure of the Dependent to submit all required documentation as a part of the Dependent’s request for documentation shall result in the denial of the reimbursement request.
Freddy L. Jacobs Student Individual Scholarship Application

**Applicant:** Complete Items 1-13, send to: IAWP Administrative Office, 3267 Bee Caves Road, Suite 107-104, Austin, TX 78746.

**Important:** The Administrative Office must receive your application and applicable documentation NO LATER THAN 90 DAYS after the course-ending date. If you are awarded a scholarship, your name may be published in Workforce Professional unless you notify IAWP to withhold publication.

**Eligibility:** The applicant must be an IAWP student member or a dependent of an IAWP full member to be eligible. IAWP will determine the Student/Full member’s yearly eligibility status by the fiscal year in which the actual scholarship payment is made.

**Applicant Status:**          [ ] Student Member         [ ] Dependent (Must list member’s name & chapter below)

**1.** Applicant Name: ____________________________  Chapter Affiliation: ____________________________

   If a dependent, IAWP full member name: ____________________________

**2.** Address: ____________________________ E-mail: ____________________________

   Street or P.O. Box, City, State, Zip: ____________________________

**3.** Home Phone: _____  Other Phone: _____

**4.** The year a Student Member or Full Member of dependent began consecutive IAWP membership: ______

**5.** Title of Course: ____________________________

**6.** Total Tuition Costs: ____________________________  Amount Requested: ____________________________

Course-beginning date: ____________________________  Course-ending date: ____________________________

Course results in _____ credit hours, or in _____ CEUs.

Attach a brief explanation of how this course increases your knowledge, skills and abilities in the area of leadership or workforce development, or the type of associate or undergraduate degree or other certification you are pursuing, or how the course work is required to complete an educational training program to obtain a high school diploma.

Name/Mailing Address of Course Provider: ____________________________

Your Social Security Number or Student ID Number: ____________________________

Select only one of the payment options below and include all documentation listed.

- A. Advance Payment to Provider
  1. Provider’s course description.
  2. Receipt with breakout of instructional costs.
  3. Provider’s complete mailing address (see Item 10).
     Note: You must submit proof of course completion within 90 days of the course-ending date or risk ineligibility for subsequent scholarships.

- B. Reimbursement (full or partial)
  1. Provider’s course description.
  2. Receipt with breakout of instructional costs.
  3. Original or certified receipt from course provider
  4. Proof of agency partial reimbursement, if applicable.
  5. Proof of course completion (required).

Applicant Signature: ____________________________  Date: ____________________________

(For Administrative Office Use Only)

[ ] Approved  Date: ____________________________  Amount: ______  Check #: ____________________________

[ ] Denied  Date: ____________________________  Signature: ____________________________  Date: ____________________________
W. Scott Boyd Group Grant

Waller (W.) Scott Boyd, the second Executive Director of the association, was an exemplary leader of the organization for almost nineteen years, from October 1962 to June 1981. A Kentucky native, Mr. Boyd laid the foundation for his career at the University of Kentucky, where he earned a degree in Journalism, worked for several area newspapers, and served in the Navy during World War II. He was a strong advocate for assisting Vietnam veterans and people with disabilities. In honor of Mr. Boyd, the association established the W. Scott Boyd Group Grant which provides financial assistance to chapter educational activities.

**Eligibility:** Any IAWP chapter may apply. Grants may also be requested for educational and training programs where IAWP is an official cosponsor with the agency. This grant is dependent on the financial NEED of the chapter. Financial justification for the request will need to be provided by the chapter, including reporting of amount of funds available (checking and savings accounts, CD’s any amounts, etc.).

**Awards:** Grants will be made on a first-come, first-served basis. Multiple grants in various combinations can be awarded per fiscal year as long as the combined total does not exceed the $1,000 per-chapter ceiling. Grants may be awarded at any time during the fiscal year or until budgeted grant funds are depleted. The grant award may not exceed the allowable maximum for total instructional purposes.

**Required Member Participants & Grant Maximums:** The maximum grant amounts are based on the number of IAWP members who participate in the educational or training program.

- 5 to 9 members—$250.00
- 10 to 14 members—$500.00
- 15 or more members—$750.00

The required member participants may include those currently in their first membership year.

**Award Ceiling:** No more than $1,000 in total grant awards will be made to recipients in any US or eligible non-USA chapter during the same fiscal year. To check balance of available W. Scott Boyd funds, contact the IAWP Administrative Office at info@iawponline.org or call 888-898-9960

**Course Requirements:** The educational or training program must be conducted by a qualified instructor/speaker; an accredited institution (college, university, community college or business school); or a recognized professional or consulting organization; or by a documented professional certificate program. Grants may be used to fund ONLY educational content/delivery for IAWP chapter institutes or conferences. Grants cannot be used to pay expenses for an agency trainer(s) who provides routine in-service instruction, but they can be used to secure an outside speaker(s) to deliver training as part of an agency’s in-service training when IAWP is an officially published cosponsor. Funds may NOT be used to secure meeting space, food and beverage, travel (for participants or speakers), A/V equipment, or any product or service that is not directly funding educational content.

**Application:** Grant applications may be obtained from the IAWP website www.iawponline.org under the Scholarship tab. A completed application with appropriate documentation must be submitted to the IAWP Administrative Office, and must be received no later than 90 days after the program’s
completion. The Administrative Office promptly advises the chapter president of the final grant status. When grants are denied for any reason, the Administrative Office also notifies the International Education Committee chair. Chapters may appeal Administrative Office grant denials to the International Education Committee chair.

**Payment Procedures:** Grant payments are made in two ways: Up to a 50-percent advance, or reimbursement after the event (full or remaining amount) to the chapter or provider.

A. **50 Percent Advance Payment Procedure:** Submit completed application and required documentation to the Administrative Office at least 60 days before the event. Documentation must include a written request for the advance, an expense breakout of costs the advance will cover, a summary of the educational or training program’s objective, a course description, a preliminary list of attendees (IAWP membership will be verified by the Administrative Office), and a statement of financial justification for the request.

B. **Reimbursement Procedure:** Submit completed application and required documentation to the Administrative Office within the appropriate time frame. Documentation must include the educational provider’s final invoice, a summary of the educational or training program’s objective, a course description, a final list of attendees (IAWP membership will be verified by the Administrative Office), and a statement of financial justification for the request.

Note for both A and B: if the program is an IAWP-agency co-sponsored initiative, a copy of the joint training proposal also must be submitted as part of the required documentation. When payments must be made to the provider, the chapter must provide an invoice that includes the provider’s complete mailing address. If grant monies are being provided as reimbursements to individual participants, the chapter is responsible for distribution.
W. Scott Boyd Grant Applicant Checklist

_____ Application will be received by the IAWP Administrative Office no later than 90 days after the program’s completion.

_____ Application is submitted by an eligible IAWP chapter.

_____ Membership requirements have been met for the appropriate grant amount requested.

_____ Total per-chapter grant ceiling has not been met.

_____ Educational or training program is provided by a qualified instructor; an accredited institution (college, university, community college or business school); a recognized professional or consulting organization; or a documented professional certificate program.

_____ Amount requested is not used for routine in-service training provided by an agency trainer(s).

_____ Required Documentation is included for processing and payment.

For Up to 50-Percent Advance Payment:
  o Written request for advance.
  o Expense breakout of costs the advance will cover.
  o Summary of educational or training program’s objective.
  o Course description.
  o Preliminary list of attendees with IAWP membership verified
  o If applicable, a copy of the chapter-agency joint training proposal

For Reimbursement (full or remaining amount):
  o Education provider’s final invoice with complete mailing address.
  o Summary of educational or training program’s objective.
  o Course description.
  o Final list of attendees with IAWP membership verified.
  o If applicable, a copy of the chapter-agency joint training proposal.

_____ Application is approved and signed by chapter president
W. Scott Boyd Grant Application

Chapter President: Complete Items 1-8; check documentation, sign Item 9, and forward to the IAWP Administrative Office at 3267 Bee Caves Road Suite 107-104, Austin, Texas 78746.

Important: The Administrative Office must receive grant applications NO LATER THAN 90 DAYS after the program’s completion.

1. Applying Chapter: __________________________ President:_______________________________________
   Address:__________________________________________________________________________________
   Street or PO Box, City, State, Zip
   Office Phone: ____ - ____ - __________________    Home Phone: ____ - ____ -  _______________________

2. Name of Educational Provider:________________________________________________________________
   Address: _________________________________________________________________________________
   Street or PO Box, City, State, Zip

3. Program Title: ___________________________________________________________________________ 

4. Program beginning date: _________________________ Program ending date: ________________________

5. Total IAWP Members Participating: ________________ Total Participants: ______________________

6. Total Amount Required: ______________________  Is 50-Percent Advance Needed?: _________________

7. Send Advance to: ___ Chapter       or ___ Educational Provider

8. Select only one of the payment options below and include all documentation listed.

   A. 50-Percent Advance Payment
      1. Written request for advance.
      2. Expense breakout of costs advance will cover.
      3. Summary of program’s objective
      4. Course description.
      5. Preliminary list of attendees with IAWP membership verified
      6. If applicable, copy of chapter-agency joint training proposal.
   B. Reimbursement (full or remaining)
      1. Provider’s final invoice.
      2. Summary of program’s objective.
      3. Course description.
      4. Final list of attendees with IAWP membership verified.
      5. If applicable, copy of chapter-agency joint training proposal.

9. Chapter President’s Signature:_____________________________________ Date:______________________

For Administrative Office Use Only

___ Approved     Date: ___________ Advance: $ ____________              Check #: __________________

___ Denied          Date:___________ Final Payment: $____________              Check #: __________________

ID#: _________________ Signature: _____________________________________ Date: _____________________

(Revised February 2013)

This form can be found on the IAWP website www.iawponline.org under the Scholarship tab.
Logan S. Chambers Individual Scholarship

Logan S. Chambers, a former Executive Director of the International Association of Personnel in Employment Security (IAPES), was a very successful leader of the organization for eighteen years, (1942-1963). Born in New Orleans, LA in 1909, Mr. Chambers had a life of achievements. After receiving degrees in English, social science and journalism, he climbed the ranks in the Kentucky Employment Service ending his career as the agency’s Chief of Information and Education. In between, he worked for the National Reemployment Service and the US Employment Service. Soon after his death on March 21, 1964 in Louisville, KY, the association established the Logan S. Chambers Scholarship in honor of Mr. Chamber’s wonderful life of service.

**Purpose:** The Logan S. Chambers Scholarship is designed to provide financial assistance to IAWP full members who wish to increase their knowledge, skills and abilities in a course(s) of study that pertains to employment and training work, or toward a degree or professional certificate program that relates to job performance and/or promotional possibilities.

**Eligibility:** The grant applicant must be an IAWP full member to be eligible. The full member may apply for a grant on a yearly basis (January 1 – December 31). The IAWP Administrative Office will determine the full member’s yearly eligibility status by the fiscal year in which the actual grant payment is made.

**Awards:** The maximum grant amounts are based on the number of the full member’s CONSECUTIVE years of IAWP full membership, which may include the current full membership year.

**Maximum Grant Award Amounts:**
- One Year = $100.00
- 2 – 4 years = $225.00
- 5 or more years = $350.00

The total grant award may not exceed the allowable maximum for total instructional purpose, but can be applied toward several courses up to the allowable maximum as long as all courses are completed within the eligible fiscal year. If the full member received partial reimbursement by direct employer payment, the full member’s grant may NOT exceed the total instructional cost LESS the employer reimbursement amount. The full member can receive grants at any time during the fiscal year OR until IAWP depletes the budgeted grant funds.

Grant requests may not be covered in whole by direct employer payment; covered in whole by an IAWP chapter grant; financed in whole through other sources directly related to government type appropriations, such as PELL grants. Up to twenty (20%) of the grant awarded may be applied toward books, student parking or non-course-related fee.

**Course Requirements:** Instruction must be provided by an accredited institution (college, university, business school or high school) OR by a recognized professional or consulting organization (such as the American Management Association) OR by a documented professional certificate program. The course may not be a duplication of Employment and Training or Workforce out service training programs. A description of the class, training or seminar along with who is sponsoring the class training or seminar, must be submitted with the full member’s grant application.

**Application Procedures:** An IAWP full member may obtain grant applications from IAWP chapter presidents or their official designees, from the IAWP Administrative Office, or from the IAWP website at www.iawponline.org under the Scholarship tab. The full member must submit a completed application with all appropriate documentation to the IAWP Administrative Office NO LATER THAN 90 DAYS from the...
course-ending date. The Administrative Office will promptly advise the full member or and his/her IAWP chapter president of the final grant status. If the Administrative Office has reason to believe that a grant application should be denied, the application and the reason for denying it shall be forwarded to the International Education Development Committee chair for appropriate review and final decision.

Logan S. Chambers Scholarship Applicant Checklist

_____ Does the course pertain to employment, unemployment, training or related programs, or to a degree or professional certification program related to your improved job performance and/or promotional possibilities?

_____ How many consecutive years of IAWP membership do you have? (Check only one below)
   o First year
   o 2 to 4 years
   o 5 or more years

_____ Did you receive a Logan S. Chambers grant during the last calendar year?
   o Yes
   o No

_____ Will the IAWP Administrative Office receive your grant application/documentation no later than 90 days from the course-ending date?

_____ Was the course provided by an accredited institution (college, university, business school, high school) or by a recognized professional or consulting organizations (such as the American Management Association) or by a documented professional certification program?

_____ Does the course result in credit hours, CEU’s (continuing educational units) or a certification?

_____ Amount requested is not:
   o A duplication of employment, unemployment, training and related out-service training programs;
   o Covered, in whole, by direct agency payment:
   o Covered, either in whole or in part, by an IAWP chapter grant:
   o Financed through other sources directly related to government-type appropriations, such as PELL grants:
   o Applied toward books, student parking or non-course-related fees, or
   o Conference registration fees

_____ Have you completed and signed the application

_____ Have you included the required documentation for processing and payment:

For Advance Payment to Provider:

- Provider’s course description.
- Receipt with breakout of instructional costs.
- Provider’s complete mailing address.
- Note: Applicant must submit proof of course completion within 90 days after the course-ending date.
For Applicant Reimbursement (full and partial):

- Provider’s course description.
- Provider’s breakout of instructional costs.
- Original or certified receipt from the course provider/
- If partial reimbursement is requested, agency documentation must show the amount of the reimbursement made to the applicant.
- Proof of course completion (grade report, copy of CEU certificate, certificate of completion, or certificate).
Logan S. Chambers Scholarship Application

**Applicant:** Complete Items 1-13, send to: IAWP Administrative Office, 3267 Bee Caves Road Suite 107-104, Austin, Texas 78746. **Important:** The Administrative Office must receive your grant applications and applicable documentation NO LATER THAN 90 DAYS after the course-ending date. If you are awarded a grant, your name will be published in *Workforce Professional* unless you notify IAWP to withhold publication.

**Eligibility:** The grant applicant must be an IAWP full member to be eligible. IAWP will determine the full member’s yearly eligibility status by the fiscal year in which the actual grant payment is made.

1. Member Name: _____________________________________ Chapter:______________________________
2. Address: ________________________________________________________________________________
   Street or PO Box, City State, Zip
3. Office Phone: _____ - _____ - __________________  Home Phone: _____ - _____ - __________________ 
4. In what year did your consecutive years of IAWP membership began? _____________________________
5. Title of Course: __________________________________________________________________________
6. Total Tuition Costs: _________________________ Grant Amount Requested: ______________________ 
7. Course-beginning date: ______________________ Course-ending date: ___________________________
8. Course results in _________ credit hours, or in _________CEU’s or in a _________________certification. 
9. **Attach a brief explanation of how this course relates to your work or your promotional chances.**
10. Name/Mailing Address of Course Provider: _____________________________________________________
    __________________________________________________________________________________________
11. Your Social Security Number of Student ID Number: _________________________________
12. Select only one of the payment options below and include all documentation listed.
   A. **Advance Payment to Provider**
      1. Provider’s course description,                                                1. Provider’s course description
      2. Receipt with breakout of instructional costs.                      2. Receipt with breakout of instructional costs.
      3. Provider’s complete mailing address (see Item 10).           3. Original or certified receipt from course
      4. Note: You must submit proof of course completion provider
         within 90 days of the course-ending date or risk
         ineligibility for subsequent grants.  
      4. Proof of agency partial reimbursement, if applicable. 
      5. Proof of course completion (required)
   B. **Reimbursement (full or partial)**
      1. Provider’s course description
13. Applicant Signature:______________________________________ Date:____________________________
    (For Administrative Office Use Only)
    □ Approved Date:__________ Amount: $______________ Check #:________________________
    □ Denied Date:_______________
    ID#:________________________ Signature:________________________ Date:_______________

(Revised February 2013)

This form can be downloaded from the IAWP website [www.iawponline.org](http://www.iawponline.org) under the Scholarship tab.
IAWP Professional Development Memorial Scholarship Fund

The Professional Development Memorial Scholarship Fund was initially established from seed money provided by friends and family of Past International President Jim Mulcahey who wanted to honor his memory and assist members in their professional development.

**Purpose:** The IAWP Professional Development Memorial Scholarship Fund is designed to provide financial assistance to IAWP full members who wish to participate in the IAWP Workforce Professional Development Program (WPDP) and/or the IAWP Certified Workforce Specialist (CWS) certification program. The grant awarded may ONLY be used for purchasing WPDP Study Guides, or paying fees for WPDP exams, CWS certification or CWS.

**Eligibility:** The applicant must be an IAWP full member to be eligible. The full member may apply for and receive a grant one time. IAWP will determine the full member’s eligibility status by the fiscal year in which the payment is made.

**Awards:** The maximum grant amount per full member is $50. The full member may receive grants at any time during the fiscal year on a funds available basis. Reimbursement will not be granted for fees paid for by the applicant’s employer or chapter.

**Application Procedure:** A full member may obtain grant applications from IAWP chapter presidents or their official designees, from the IAWP Administrative Office, or from the IAWP website at [www.iawponline.org](http://www.iawponline.org). The full member must submit a completed application with appropriate documentation to the IAWP Administrative Office no later than 90 days from the exam date or purchase date. The Administrative Office will promptly advise the member and his/her IAWP chapter president of the final grant status. If the Administrative Office has reason to believe that a grant application should be denied, the application and the written reason from denying it shall be forwarded to the IAWP Education Chair for appropriate review and final decision.

Approved June 2009

**IAWP Professional Development Memorial Scholarship Applicant Checklist**

- Will the IAWP Administrative Office receive your grant application/documentation no later than 90 days from the exam date or purchase date?
- Have you completed and signed the application?
- Have you included the required documentation for processing and payment?

- Receipt for WPDP Study Guide
- Receipt for WPDP Exam Fee
- Receipt for CWS Certification Fee
- Receipt for CWS Recertification Fee
IAWP Professional Development Memorial Scholarship Application

Applicant: Complete items 1-4 and send to:

IAWP Administrative Office
3267 Bee Caves Road Suite 107-104
Austin, Texas 78746

Important: The Administrative Office must receive your grant application and applicable documentation NO LATER THAN 90 DAYS after your exam date or purchase date. If you are awarded a grant, your name will be published in the Workforce Professional unless you notify IAWP to withhold publication.

1. Member Name: _______________________________________________________________
   Chapter: _______________________________________________________________________
   Address: _______________________________________________________________________
   _______________________________________________________________________________
   Street or P O Box, City, State, Zip Code
   Phone: ____ - _____ - ___________ Work: ___ - ___ - ________

2. Grant Amount Requested: $__________________

3. Documentation included:
   Receipt for WPDP Study Guide: _____
   Receipt for WPDP Exam fee: _____
   Receipt for CWS Certification Fee: _____
   Receipt for CWS Recertification Fee: _____

4. Applicant Signature: ___________________________________________________________
   Date: _________________________

For Administrative Office use only:

Membership Verification: _______________________

Approved on __________________ for $ __________________ Check #: ___________________

Denied on: ___________________ Reason: __________________________________________

This form can be downloaded from the IAWP website www.iawponline.org under the Scholarship tab.
WPDP – Workforce Professional Development Program

WPDP is a series of study guides and examinations designed to measure and recognize an individual’s knowledge of workforce development programs. Created in 1988, WPDP gives workforce professional an opportunity to enhance knowledge and career growth. Several State Employment Security Agency training programs have incorporated WPDP and recognize it as a useful tool. Resource guides and exams currently available are Workforce Development Generalist, Employment and Training Systems, Tax and Benefits, and Labor Market Information.

Workforce Professional Development Program Guidelines

- Your written intent to test and corresponding fees must be received in the IAWP Administrative Office before you will be scheduled to take an exam.
- You may test at any time during the year.
- You may test anywhere with an Internet connection and an available computer.
- You may take the tests in any order. However, you will not receive the “Master” designation until you have successfully completed testing for all four modules.
- You will receive your score upon the completion of your online test.
- IAWP will mail your test scores confirmation within 30 days following testing. No test scores will be given over the phone.
- To achieve a passing score you must correctly answer 75% of the test questions.
- You have 36 months from your initial enrollment (receiving the first study guide) to successfully complete the entire WPDP program.
- Regardless of whether you enroll in one module or all four, you have 36 months to successfully complete all four modules and corresponding exams, should the Workforce Development Master designation be your goal.
- Should you fail an exam, you may retest as many times as you desire during your 36-month period for the published retest fee.
- If you do not successfully complete the program in 36 months and later wish to continue, you will be required to pay a one-time re-enrollment fee, in addition to the cost of any yet-to-be-purchased exams or retest fees. You must still pay exam or retest fees.
- The re-enrollment fee applies even if you are in a retest status when your 36 months expire.
- IAWP requests that participants use their home address for all regular mail correspondence. This ensures the confidentiality of test scores.
## Workforce Professional Development Program Application/Intent to Test

### WPDP Participant Data

- **Date Submitted:**
- **Name:**
- **Home Address:**
- **Business Phone:**
- **Home/Cell Phone:**
- **E-mail Address:**
- **Agency/Employer:**
- **Chapter Affiliation:**
- **IAWP Member:** Yes ☐ No ☐

### Job Responsibilities

- Employment Service ☐
- Unemployment Insurance ☐
- Labor Market Information ☐
- Administrative Support ☐
- Job Training/WIA ☐
- Veteran Services ☐
- Vocational Rehabilitation ☐
- Workers Compensation ☐
- Other: □

### Job Category

- Professional ☐
- Para Professional ☐
- Clerical Support ☐
- Managerial ☐
- Supervisory ☐
- Other: □

### Purchase Study Guides/Tests

<table>
<thead>
<tr>
<th>Test Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>History of Workforce Development - Unit 1</td>
<td>$10.00</td>
</tr>
<tr>
<td>History of Workforce Development - Unit 2</td>
<td>$10.00</td>
</tr>
<tr>
<td>History of Workforce Development - Unit 3</td>
<td>$10.00</td>
</tr>
<tr>
<td>History of Workforce Development - Unit 4</td>
<td>$10.00</td>
</tr>
<tr>
<td>Unemployment Insurance - Unit 1</td>
<td>$10.00</td>
</tr>
<tr>
<td>Unemployment Insurance - Unit 2</td>
<td>$10.00</td>
</tr>
<tr>
<td>Unemployment Insurance - Unit 3</td>
<td>$10.00</td>
</tr>
<tr>
<td>Unemployment Insurance - Unit 4</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

### Intent to Test

- **Number of Units:**
- **Total Cost:**

### Payment Options

- **Total Amount Due:**
- **Check or Money Order, Payable to IAWP:**
- Credit Card: [ ]
  - VISA [ ]
  - MasterCard [ ]
- **Cardholder’s Name:**
- **Credit Card Number:**
- **Expiration Date:**
- **Signature for Credit Card Payment:**

---

This form can be downloaded from
Congratulations on your decision to become certified! Becoming a Certified Workforce Specialist shows your employer and your co-workers your initiative in continuing your professional development. We will you luck in your workforce career!

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.

IAWP
3267 Bee Caves Road, Suite 107-104
Austin, Texas 78746
888-898-9960
Fax: 502-223-4127
info@iawponline.org
www.iawponline.org

August 2014
REQUIREMENTS TO BECOME A CERTIFIED WORKFORCE SPECIALIST CWS)

There are four (4) requirements:

1. Education plus Workforce Development Experience:
   - Master’s Degree with 2 years current workforce development experience OR
   - Bachelor’s Degree with 3 years current workforce development experience OR
   - Associate’s Degree with 4 years current workforce development experience OR
   - High School Diploma or GED with 5 years current workforce development experience

   Documentation must be provided in the form of a copy of diploma/degree from an accredited institution and detailed workforce development experience.

2. Professional Membership:
   The applicant must have maintained membership in IAWP for the previous two (2) consecutive years or have similar membership in another workforce development professional association for the same time frame.

   Verification for IAWP membership will be done by IAWP Administrative Office. Other association memberships will require documentation.

3. IAWP Workforce Professional Development Program (WPDP):
   Applicants must pass all four (4) WPDP competencies (History of Workforce Development, Business & Jobseeker Specialist, Unemployment Insurance Specialist, and Labor Market Information Specialist). The WPDP is currently available in a hardcopy version, but an electronic/online version is being planned.

4. Professional References:
   The applicant must submit two (2) letters of reference: one from an immediate supervisor, and one from another person within the workforce profession that can attest to the individual’s experience, knowledge and skills.

CERTIFICATION PERIOD
Certification is valid for three years from time of approval. Every three years thereafter, a re-certification can be applied for as long as the individual can show proof that they are still employed in a workforce development profession, are still a member of a professional association, and 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 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. Notification by letter will be sent to the applicant’s employer, whether an agency administrator or private sector supervisor, and the applicant’s immediate supervisor. Please supply the information for who you wish to be notified on the application form. Certified Workforce Specialists will be recognized in the IAWP publication
Workforce Professional and in the printed program of the IAWP Workforce Development 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-acceptance and options for correction or resubmission. 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 Education Committee within two months of receipt. Your will be notified by mail only whether you were accepted or rejected. The IAWP Administrative Office will not be able to respond to telephone inquiries about your application status.

FEES
A. Certification
   The application fee is $50 and is not refundable. If the application is rejected you can reapply within six (6) months for no additional fee.
B. Re-certification (every 3 years)
   The reapplication fee is $50.
FREQUENTLY ASKED QUESTIONS

1. Do all items have to be sent with the application?
   Yes, applications with missing information will be returned to the applicant.

2. If I received a certificate from a program, will that count toward my education requirement?
   No, only completed high school/GED, Associate’s Degree, Bachelor’s Degree, and Graduate
   Degrees from accredited institutions will be accepted to fulfill the education requirements.
   Certificate programs may be considered for continuing professional development for
   recertification.

3. 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.

4. Can I request the return of my application materials:
   No, all application materials become the property of IAWP.

5. How long is the certification 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.

6. Who reviews the applications?
   Members of the IAWP Education Committee.

7. What if my application is not accepted?
   You will receive a written reason for the non-acceptance and options to make corrections. You
   can resubmit once within six (6) months from the date on the non-acceptance letter with an
   additional application fee.

8. How long is the certification valid?
   Three (3) years.

9. What do I need to do to recertify?
   You may recertify after three years with verification that you still work in the workforce
   development field, have accumulated 100 hours of continuing education or training in the
   workforce field, and pay the $50 recertification fee.

10. What are payment options for the application fee?
    Check (made payable to IAWP) or credit card (VISA, MasterCard, Discover, and American
        Express).
CHECKLIST FOR YOUR CWS APPLICATION

_____ FORM: Completed and signed application form

_____ EDUCATION: enclose a copy of:
   _____ HS diploma/GED OR _____ College degree/transcript

_____ EXPERIENCE: enclose a copy of:
   Hire date verification (on application form) OR
   Recent performance evaluation

_____ PROFESSIONAL MEMBERSHIP:
   _____ IAWP member for previous two consecutive years (IAWP Administrative Office
       will verify membership)
   _____ Other association: Must enclose copy of membership card or other
       documentation, including join date and current status

_____ WPDP: Enclose a copy of certificate(s) for successful completion of WPDP Program

_____ PROFESSIONAL REFERENCES: List two professional references detailing required years of
   work experience. One of the references must be from an immediate supervisor.

_____ FEE: Enclose payment for certification ($50)

_____ MAIL TO: IAWP
   3267 Bee Caves Road, Suite 107-104
   Austin, Texas 78746
CWS 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: _____________________________

Education plus Experience (please check one):
_____ Master’s Degree with 2 years current workforce development experience OR
_____ Bachelor’s Degree with 3 years current workforce development experience OR
_____ Associate’s Degree with 4 years current workforce development experience OR
_____ High School Diploma or GED with 5 years current workforce development experience

Documentation for education must be provided in the form of a copy of diploma/degree from an accredited
institution. Documentation for experience can include a recent performance evaluation or verification of your hire
date (below).

Name & Address of school/institution indicated above:
__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Current Employer: ________________________________________________________________

Address: ______________________________________________________________________

City/State/Zip: __________________________________________________________________

Years with current employer: _________________________

Date of Hire: _______________________________________

Supervisor’s signature (verifying hire date): _________________________________________

Professional Membership:

The applicant must have maintained membership in IAWP for the previous two (2) consecutive years or have similar membership another workforce development professional association for the same time frame. Verification for IAWP membership will be done by IAWP Administrative Office. Other association memberships will require documentation and verification.

Association Name: ________________________________________________________________________

Address: _____________________________________________________________________________

City/State/Zip: ________________________________________________________________________

Telephone: _______________________________________

Member Number: _______________________

IAWP Workforce Professional Development Program (WPDP):

Applicants must pass all four (4) WPDP competencies (History of Workforce Development, Business & Jobseeker Specialist, Unemployment Insurance Specialist, and Labor Market Information Specialist).

Please list dates when all four competencies were received:

- **History of Workforce Development** ________________ (formerly Employment & Training Generalist)
- **Business & Jobseeker Specialist** ________________ (formerly Employment Services Specialist)
- **Unemployment Insurance Specialist** ________________ (formerly Tax & Benefits Specialist)
- **Labor Market Information Specialist** ________________
Professional References:
The applicant must submit two (2) signed letters of reference: one from an immediate supervisor, and one from another person within the workforce profession that can attest to the individual’s experience, knowledge and skills.

The letter should include the following items:
- Statement the applicant is working in a workforce development area
- Statement the applicant possesses extended knowledge of workforce issues
- Reason why the applicant should receive the Certified Workforce Specialist designation
- Contact information of the person writing the letter

Certification Announcement:
The employer and immediate supervisor you list will be informed when you earn the CWS designation.

Name: ________________________________ Name: ________________________________
Title: __________________________________ Title: _______________________________
Company/Agency: _______________________ Company/Agency:_____________________
Address: _______________________________ Address: ____________________________
City/State/Zip: ___________________________ City/State/Zip: _______________________
Phone #: _______________________________ Phone #: ____________________________
Email: _________________________________ Email: _______________________________

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, MasterCard, Discover, or American Express

Cardholders Name: _________________________________________________
Address: _________________________________________________________
City/State/Zip: ___________________________________________________
Signature: _________________________________________________________
Account #: ______________________________________ Exp. Date ____/____

This booklet can be downloaded from the IAWP website www.iawponline.org under the Certification tab.
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.

IAWP 3267 Bee Caves Road, Suite 107-104, Austin, Texas 78746
Phone: 502-223-4459 Toll Free: 888-898-9960 Fax: 502-223-4127
Email: info@iawponline.org Website: www.iawponline.org

June 2016
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. Is still a member of a professional association
3. 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 Workforce Development 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 Education 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](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 can be used for the actual training (provided it meets the scholarship’s guidelines). The IAWP Professional Development Memorial Scholarship Fund is a one-time use scholarship specifically for the CWS program. Information on these scholarships can be found at [www.iawponline.org](http://www.iawponline.org) under the Scholarship tab.

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 Education 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, MasterCard, Discover, and American Express)
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
    3267 Bee Caves Road Suite 107-104
    Austin, Texas 78746
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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Course Title</th>
<th>Training Provider</th>
<th>Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 MasterCard, Discover, and American Express

Cardholders Name: _________________________________________________________
Address: _________________________________________________________________
City/State/Zip: _____________________________________________________________
Signature: __________________________________________________________________
Account #: ___________________________ Exp. Date ____/____