



## WORKFORCE PROFESSIONAL DEVELOPMENT PROGRAM ENROLLMENT & INTENT TO TEST

DATE \_\_\_\_\_

### PARTICIPANT INFORMATION

NAME		IAWP MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> I WISH TO JOIN IAWP
EMPLOYER		TITLE
HOME ADDRESS		
BUSINESS PHONE	HOME/CELL PHONE	EMAIL

### STUDY GUIDES & TESTING

<p><b>BUSINESS &amp; JOB SEEKER MODULE</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <u>UNIT 1</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> <td style="width: 50%;"> <u>UNIT 3</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> </tr> <tr> <td> <u>UNIT 2</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> <td> <u>UNIT 4</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> </tr> </table>	<u>UNIT 1</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 3</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 2</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 4</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<p><b>LABOR MARKET INFORMATION MODULE</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <u>UNIT 1</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> <td style="width: 50%;"> <u>UNIT 3</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> </tr> <tr> <td> <u>UNIT 2</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> <td> <u>UNIT 4</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> </tr> </table>	<u>UNIT 1</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 3</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 2</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 4</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____
<u>UNIT 1</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 3</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____								
<u>UNIT 2</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 4</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____								
<u>UNIT 1</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 3</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____								
<u>UNIT 2</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 4</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____								
<p><b>HISTORY OF WORKFORCE DEVELOPMENT MODULE</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <u>UNIT 1</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> <td style="width: 50%;"> <u>UNIT 3</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> </tr> <tr> <td> <u>UNIT 2</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> <td> <u>UNIT 4</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> </tr> </table>	<u>UNIT 1</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 3</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 2</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 4</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<p><b>UNEMPLOYMENT INSURANCE MODULE</b></p> <table style="width: 100%;"> <tr> <td style="width: 50%;"> <u>UNIT 1</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> <td style="width: 50%;"> <u>UNIT 3</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> </tr> <tr> <td> <u>UNIT 2</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> <td> <u>UNIT 4</u>  <input type="checkbox"/> STUDY GUIDE &amp; TEST  <input type="checkbox"/> RETEST            REQUESTED TEST DATE _____         </td> </tr> </table>	<u>UNIT 1</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 3</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 2</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 4</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____
<u>UNIT 1</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 3</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____								
<u>UNIT 2</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 4</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____								
<u>UNIT 1</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 3</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____								
<u>UNIT 2</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____	<u>UNIT 4</u> <input type="checkbox"/> STUDY GUIDE & TEST <input type="checkbox"/> RETEST REQUESTED TEST DATE _____								

### TERMS OF TESTING

- I UNDERSTAND & AGREE
- TESTS & RETESTS MUST BE COMPLETED WITHIN 36 MONTHS OF ENROLLMENT
  - ENROLLMENT & INTENT TO TEST FORM MUST REACH IAWP 30 DAYS PRIOR TO REQUESTED TEST DATE

### CALCULATION OF ENROLLMENT FEES

<b>IAWP MEMBER</b>	<b>NON-MEMBER*</b>
___ MODULES AT \$50 EACH	___ MODULES AT \$75 EACH
___ RETESTS AT \$50 EACH	___ TOTAL RETESTS AT \$75 EACH
___ FULL PROGRAM AT \$160 EACH	___ FULL PROGRAM AT \$260 EACH
<b>\$ _____ TOTAL DUE</b>	
<i>*Group Discounts may be Available. Please Contact IAWP for More Information</i>	

### PAYMENT OPTIONS

<input type="checkbox"/> ENCLOSED IS MY CHECK OR MONEY ORDER PAYABLE TO IAWP	<input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS I AUTHORIZE IAWP TO CHARGE THE SELECTED CREDIT CARD \$ _____
--	---

CARDHOLDER'S NAME		
CREDIT CARD NUMBER	EXPIRATION	CCV
COMPLETE BILLING ADDRESS		
SIGNATURE		

### SUBMISSION & QUESTIONS

PLEASE MAIL COMPLETED FORM WITH PAYMENT AND/OR PAYMENT INFORMATION TO  
 INTL ASSOC OF WORKFORCE PROFESSIONALS  
 3267 BEE CAVES ROAD, SUITE 107-104  
 AUSTIN TX 78746

PLEASE EMAIL QUESTIONS TO [INFO@IAWPONLINE.ORG](mailto:info@iawponline.org) OR CALL 502-223-4459

**THANK YOU**