

APPLICATION CHECKLIST

FOR
CERTIFIED PROFESSIONAL IN STORM WATER QUALITY™

 **Important Notice**

If you submit an application by fax or email, do NOT mail a hard copy! Doing so may result in double charges to your credit card. Additionally, it is the applicant's responsibility to verify that we received the electronically transmitted application.

Please use the following checklist to assemble your application packet. Doing so will ensure that your application is complete which will prevent unnecessary delays. If you have questions, please contact our office at (828) 655-1600. We will be happy to assist you. Also, see the "Top 5 Reasons Why Applications Are Delayed" on the following page.

Required Materials*

- Application for Certified Professional in Storm Water Quality
- Background Info, Special Needs, Education, and Accreditations
- College transcripts – if any – student copies are OK
- Professional Experience Profile for each job (that is, employment position) that you wish to report storm water quality experiences
- Contact information for four (4) references – only two (2) can be from your immediate workgroup
- Appropriate fee (company/personal check or credit card) – credit card payments should use the form below


* Application cannot be processed until required materials are provided.

Optional Materials†

- Resume/vitae or government SF171
- Additional documentation

† Optional materials should provide information that amplifies or clarifies the work experiences documented on the Professional Experience Profile. Please avoid sending vague or unrelated information.

Important Security Note

 Your Social Security Account Number and Date of Birth are REQUIRED. If your college transcripts have your Social Security Account Number and/or your Date of Birth on them, please "black out" the Social Security Account Number and the Date of Birth.

CREDIT CARD PAYMENT FORM

PLEASE WRITE LEGIBLY

Payment amount: _____ (in US dollars)

Credit Card Type: Visa American Express MasterCard Discover

Card Security Code: _____

Credit Card Number: - - -

Expiration Date: /

Name on Card (*please print legibly*) _____

Signature of Card Holder _____

Address of Card Holder _____

CPSWQ[®] CERTIFICATION PROCEDURES AND STANDARDS

Article I – Certified Professional Status

Section 1. Definition

A Certified Professional in Storm Water Quality (CPSWQ) has educational training, demonstrated expertise, and experience in computing, analyzing, and evaluating storm water quality that meet qualification standards.

Section 2. Application Procedure

Interested individuals should follow the steps below to apply to become a CPSWQ.

1. Receive and review CPSWQ Application Forms. Forms are available from CPSWQ web site (www.cpswq.org), CPSWQ, Inc. representative, IECA or SWCS headquarters, chapter representatives, trades show displays, etc.
2. Assemble the following materials:
 - Application fee – see Article II, Section 3 (check made out to CPSWQ, Inc.)
 - Original copy of the following:
 - Application for CPSWQ
 - Background Info, Special Needs, Education, and Accreditations
 - Professional Experience Profile for each job (*that is, employment position*) that you wish to report storm water quality experiences (make additional copies as needed from original)*
 - References – provide contact information for four (4) references.
 - College transcripts (*if using education to qualify*)
 - Additional documentation (such as, resume/vitae or government SF171)

* Professional Experience must detail pertinent work experience. Copies of relevant consulting reports, publications, manuscripts, and other significant professional activities may also be submitted. All materials received by the application review committee will be kept confidential. The experience materials must demonstrate competence in storm water quality principles and methods and knowledge of federal and state/provincial laws relating to storm water quality.

Important!

It is imperative that prospective references are fully qualified to provide information about your skills and experience in storm water quality. It is recommended, where possible, that at least one individual familiar with the applicant's expertise be a CPSWQ. These individuals may be peers or clients but no more than two should be coworkers.

Please let your references know that you are using them as a reference and that they may be contacted.

3. Send all materials from Step 2 to the CPSWQ Administrative Office.

Important!

Candidates whose materials are not complete will be notified of missing portions. The application review process will not begin until the application is deemed complete.

Section 3. Application Review Committee

- A. Application materials are forwarded to the Application Review Committee (ARC). The ARC will review applications and return to the CPSWQ Administrative Office within 30 days.
- B. Approval to proceed with the examination process requires a majority affirmative vote of the ARC.
- C. All decisions are vested in the ARC and are considered final after due provisions for an appeal have been satisfied.
- D. Applicants who are denied qualification for exam may appeal, providing they are able to furnish additional supportive data to the ARC.

Article II – Standards for Professional Certification

Section 1. General information

- A. Certification shall be valid for the calendar year in which it is granted and must be renewed annually.
- B. Each applicant must subscribe to the Code of Ethics, which shall be the standard of conduct.
- C. Professional Development is a requirement for certification maintenance (see Section 5 of this Article).

Section 2. Eligibility Requirements

- A. Each applicant must successfully pass a written examination designed to determine proficiency in the principles, practices, and legislation of storm water quality. Applicants must also meet one of the following requirements:
 1. Earn a High School Diploma (*or equivalent*) plus seven (7) years of professional level experience in the storm water quality profession.
 2. Earn a qualifying Associates degree* plus five (5) years of professional level experience in the storm water quality profession.
 3. Earn a qualifying BS degree* plus four (4) years of professional level experience in the storm water quality profession.
 4. Earn a qualifying MS degree* plus three (3) years of professional level experience in the storm water quality profession.
 5. Earn a qualifying PhD degree* plus two (2) years of professional level experience in the storm water quality profession.

* Degree in hydrology, engineering (agricultural, civil, environmental, or chemical), landscape architecture, geology, soil science, natural resources management, or a related field are acceptable.

- B. Through the professional experience form, references, and written exam, the applicant must demonstrate an ability to observe, evaluate, and synthesize information, to consider alternatives, and to establish appropriate recommendations in a clear and logical manner.
- C. International applicants must provide documentation to assure that educational degrees obtained and work experiences are comparable to the requirements described in Section 2.A above.

Section 3. Fees

- A. The application fee is US\$200 and is non-refundable.
- B. The application fee entitles the applicant to sit for the exam, upon approval. **Note, the exam sponsor may charge an additional fee to cover their costs.** If a qualified applicant fails the exam, there is a US\$75 re-test fee for all subsequent exams. After 2 re-tests the applicant must reapply through the application process. The appropriate application fee is required.
- C. Renewal fees must be paid annually by the date shown on the face of the CPSWQ wallet card. (*This is the anniversary of the date that the registrant achieved CPSWQ certification.*) Payment is due at the CPSWQ Administrative Office on or before this anniversary date. Renewal fees are considered late one month after this date.
- D. The renewal fee is US\$100.00 per year. A late fee of US\$25.00 per year will be added for late renewals. The renewal and late fees are subject to change.

Section 4. Revocation or Suspension of Certification

- A. The right to revoke or suspend certification is vested in the Council Executive Committee.
- B. Certification may be revoked or suspended for any of the following reasons:
 - 1. Violations of the Code of Ethics.
 - 2. Misrepresentation on an application or submission of incorrect information to CPSWQ, Inc.
 - 3. Proven charges of incompetence.
- C. Any action to deprive a certified individual of his/her status (for the reasons in Section 4.B) shall be handled according to the "Procedure for Investigating Complaints Against Registrants." See "Policies & Procedures" at www.cpswq.org.
- D. Failure to renew registration as described in Article II, Section 3.D is a basis for suspension of certification. Reinstatement following a lapsed time can be obtained by submission of proper justification and payment of all past renewal fees including a late fee for each year. If renewal

has lapsed for three or more years, re-application for certification will be necessary.

Section 5. Professional Development

- A. CPSWQ's are required to accumulate a minimum of sixty (60) professional development units over a three-year period.
- B. The program relies on the honesty and integrity of each individual registrant.
- C. Units must be earned in at least two different categories.
 - 1. Continuing education and training;
 - 2. Professional publications, reports, or presentations;
 - 3. Professional activity;
 - 4. Other professional activity.
- E. Registrants with multiple certifications may be audited for all certifications.
- F. Registrants who are selected to be audited for compliance with professional development requirements must submit their documentation to the Administrative Office within thirty (30) calendar days of receiving the audit notice. Registrants who fail to meet this requirement may have their certification suspended by action of the CPSWQ Council. If the requested documentation is not received within ninety (90) calendar days, the registrant's certification may be revoked by action of the CPSWQ Council.

Section 6. Time Limit for Professional Certification

- A. Applicants must complete certification requirements within one (1) year of receiving full certification candidacy.
- B. An extension of time may be granted only for extraordinary reasons upon written petition to the ARC.

CODE OF CONDUCT AND ETHICS

Certified Professional in Storm Water Quality™

Article I. General Principles

1. The privilege of practice imposes obligations of morality and responsibility as well as professional knowledge.
2. Each Certified Professional in Storm Water Quality (hereafter called Registrant) agrees to be guided by the highest standards of ethics, personal honor, and professional conduct.

Article II. Relation of Registrant to the Public

1. A Registrant shall avoid and discourage sensational, exaggerated, and/or unwarranted statements that might induce participation in unsound enterprises.
2. A Registrant shall not knowingly permit the publication of his or her reports or other documents for any unsound or illegitimate undertaking.
3. A Registrant shall not give professional opinion or make a recommendation without being as thoroughly informed as might reasonably be expected considering the purpose for which the opinion or recommendation is desired, and the degree of completeness of information upon which it is based should be made clear.
4. A Registrant may publish dignified business, professional, or announcement cards, but shall not advertise his or her work or accomplishments in a self-laudatory, exaggerated, or unduly conspicuous manner.
5. A Registrant shall not issue a false statement or false information even though directed to do so by employer or client.

Article III. Relation of Professional to Employer and Client

1. A Registrant shall protect, to the fullest extent possible, the interest of their employer or client insofar as such interest is consistent with the law and his or her professional obligations and ethics.
2. A Registrant who finds that his or her obligations to their employer or client conflict with his or her professional obligation or ethics should have such objectionable conditions corrected or resign.
3. A Registrant shall not use, directly or indirectly, any employer's or client's information in any way that would violate the confidence of the employer or client.
4. A Registrant retained by one client shall not accept, without client's written consent, an engagement by another if the interests of the two are in any manner conflicting.

5. A Registrant who has made an investigation for any employer or client shall not seek to profit economically from the information gained, unless written permission to do so is granted, or until it is clear that there can no longer be a conflict of interest with the original employer or client.
6. A Registrant shall not divulge information given in confidence.
7. A Registrant shall engage, or advise his employer or client to engage, and cooperate with other experts and specialists whenever the employer's or client's interests would be best served by such service.
8. A Registrant shall not accept a concealed fee for referring a client or employer to a specialist or for recommending professional service other than one's own.

Article IV. Relation of Registrant to Each Other

1. A Registrant shall not falsely or maliciously attempt to injure the reputation of another.
2. A Registrant shall freely give credit for work done by others to whom the credit is due, shall refrain from plagiarism in oral and written communications, and not knowingly accept credit rightfully due another person.
3. A Registrant shall endeavor to cooperate with others in the profession and encourage the ethical dissemination of technical knowledge.
4. A Registrant having knowledge of unethical practices of another Registrant shall avoid association with that Registrant in professional work.

Article V. Duty to the Profession

1. A Registrant shall aid in exclusion from certification those who lack moral character, who have not followed this Code of Ethics, or who do not have the required education and experience.
2. A Registrant shall uphold this Code of Ethics by precept and example and encourage, by counsel and advice, other Registrants to do the same.

A Registrant having positive knowledge of deviation from this Code by another Registrant shall bring such deviation to the attention of the EnviroCert International, Inc. Executive Director.

Send completed application with applicable fee and any attachments to:
CPSWQ, Inc.
49 State Street
Marion, NC 28752-4020



Application for:

CERTIFIED PROFESSIONAL IN STORM WATER QUALITY™

General Information

Read instructions and eligibility requirements **before** completing application.

Type or print clearly in dark ink.

Applications must be received **at least 45 days** prior to expected exam date.

If you send your application electronically, do NOT mail a hard copy!

1. Certification you are applying for: CPSWQ (Note, there is no CPSWQ in-Training program.)
2. Name (Last, First, Middle) _____
3. Date of Birth _____
4. Social Security Number _____
5. Mailing Address _____
6. Mailing Address (contd.) _____
7. City, State/Province, Zip/Postal Code _____
8. Country _____
9. Office Phone (include extension) _____
10. Fax Number _____
11. Home Phone _____
12. Email Address _____

Application Fee

The CPSWQ application fee is **US\$200**. The application fee is non-refundable.

Make check payable to: **CPSWQ, INC., 49 STATE STREET, MARION, NC 28752-4020**

Signature, Certification, and Release

YOU **MUST SIGN THIS APPLICATION!**

READ THE FOLLOWING CAREFULLY BEFORE YOU SIGN:

A **false statement** on any part of this application may be grounds for denying you certification, or revoking your certification after you have been certified.

I understand that any information I give may be verified by CPSWQ, Inc.

I understand that the application fee is **non-refundable**.

I consent to the release of information about my skills, abilities, professional ethics, and work records by current and former employers, schools, and references.

I certify that I have read and fully subscribe to the CPSWQ Code of Ethics.

I certify that all information submitted in support of this application is correct and true to the best of my knowledge and that all information regarding this application will remain confidential.

Sign Here: 

Signature

Date

Background Information

You **must** answer each question in this section.

If you answer **YES** to any question, explain using a separate sheet of paper. Include the item number and date.

- | | YES | NO |
|--|--------------------------|--------------------------|
| 13. During the last 10 years, were you fired from any job for any reason, did you quit after being told that you would be fired, or did you leave by mutual agreement because of a specific problem? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Have you ever been convicted of, or forfeited collateral for any felony violation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Are you now under charges for any violation of law? <i>Do not include traffic violations.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. During the last 10 years, have you forfeited collateral, been convicted, been imprisoned, been on probation, or been on parole? <i>Do not include violations reported on item 14 above.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Have you ever been convicted by a military court-martial? <i>If no military service, answer "NO."</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Have you ever been denied a certification or license? <i>If no certifications or licenses, answer "NO."</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Have you ever had a certification or license revoked or suspended? <i>If no certifications or licenses, answer "NO."</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Special Needs

SPECIAL ACCOMMODATION FOR TESTING: Do you have a disability/handicap that would require accommodation? If so, attach a sheet explaining what accommodation is necessary. Depending on the accommodation requested, you may need medical certification to verify that such accommodation is needed.

Education and Training

A college degree is **not required** for certification.

If using education to qualify, you must supply college transcripts.

"Unofficial" or "Student" copies of transcripts are acceptable.

Your transcripts **must** show when your degree was awarded.

20. High School or GED High School Equivalency...
- Month and year graduated or received GED? _____
 - Name and location (city & state/province) of school where diploma or was GED obtained?

21. College Education (if none, leave blank) ...
- Name and location of school? (include city, state/province, and country)

 - Type of degree? _____
 - Month/year degree awarded or expected graduation date? _____
 - Dates of attendance? _____
 - List any additional schools on a separate sheet of paper. Include school name and location, type of degree, degree award date (or expected award date), and attendance dates.
22. List any training related to storm water quality. If you need more space, use a separate sheet of paper. Include the item number.

Name of Course	Date(s)	Hours	Sponsor	City	State/Province

Accreditations

If you need more space, use a separate sheet of paper and include the item number.

23. List any professional certifications or licenses that you **currently** have.

License or Certification	Date of Latest License Certification	Certification or Licensing Agency	Expiration Date
a)			
b)			
c)			

PROFESSIONAL EXPERIENCE PROFILE

Profile

Instructions

Make copies of this sheet as needed.

Complete a Professional Experience Profile for EACH JOB (employment position) that you wish to report storm water quality experiences. If you were unemployed or employed in a non-industry related position for longer than three (3) months in the last ten (10) years, please list the dates and addresses and other contact information on a separate Professional Experience Profile sheet. You may sum up on one sheet work that you did more than ten (10) years ago as long as the work is similar in nature and function.

Employer Information

24. Company Name _____
25. Mailing Address _____
26. Mailing Address (contd.) _____
27. City, State/Province, Zip/Postal Code _____
28. Country _____
29. Office Phone (include extension) _____
30. Email Address _____
31. Company Web Page _____
32. Employment Dates (include from and to dates) _____
33. Approximate number of hours worked per week _____

Immediate Supervisor

34. Provide contact information for someone who can verify your storm water quality experiences. Failure to provide this information **will delay** your application.

Name	Phone Number	Email

Position Description

35. What is the primary line of business for the company?

36. What position(s) did/do you hold?

37. What was/is your working title(s) or role(s)?

38. What were/are your primary responsibilities?

Storm Water Quality Experiences

39. Using the tables below, rate your skills, abilities, and knowledge while performing this job as H, M, or L. Where: **H** = High level of skill/ability/knowledge—able to perform independently and instruct/train others
M = Medium level of skill/ability/knowledge—able to perform independently
L = Low level of skill/ability/knowledge—able to perform only under supervision by qualified professional

You **must** account for 100% of your time. (**NOTE: The grand total of all three columns combined should add up to no more than 100%.**)

For each item below that you rate, mark the percentage of time that you spent performing that item.

NOTE:

Show any storm water quality experiences NOT covered in the table on a separate sheet of paper. Include the skill/ability/knowledge level and the percentage of time information.

Skill/Ability/Knowledge	H,M,L	%	Skill/Ability/Knowledge	H,M,L	%	Skill/Ability/Knowledge	H,M,L	%
BMPs — DETENTION ...			STORM WATER POLLUTION PREVENTION PLAN ...			Environmental Assessments/ Impact Statements		
Development/Design			Development			Hydraulic Modeling		
Layout/Installation			Review			Hydrologic Modeling		
Review/Inspection			Approval			Water Quality Analytical		
Approval			Construction Documentation			Pollutant Load Modeling		
BMPs — FLOW THROUGH ...			Construction Detailing			Resource Inventory/Map		
Development/Design			NPDES PERMIT PROCESS ...			Stream Restoration/Fluvial		
Layout/Installation			Development			Channel Stabilization		
Review/Inspection			Review			Non-Point Source/Water		
Approval			Approval			Watershed/Area-Wide		
BMPs — Non-Structural			ENVIRONMENTAL REGULATION/PERMITS ...			Client/Contractor/Designer		
Soil Evaluations/			Development			Project Management/		
Site/Environmental Analysis			Review			Erosion and Sediment Control		
Irrigation Water			Approval			Non-Storm Water Quality		
Site Drainage Management/								
COLUMN TOTAL:			COLUMN TOTAL:			COLUMN TOTAL:		
GRAND TOTAL (≤100%):								

REFERENCES

Reference Instructions

You must supply the names and contact information of four (4) individuals who are qualified to comment on your storm water quality experiences.

Please let these individuals know that you are using them as a reference for CPSWQ certification and that they may be contacted.

Your application will be delayed if we contact a reference and they are unwilling or unable to provide information related to your inspection experiences and/or your ethics.

It is recommended, where possible, that at least one of your references be a Certified Professional in Storm Water Quality (CPSWQ), a Certified Professional in Erosion and Sediment Control (CPESC), or a Certified Erosion, Sediment and Storm Water Inspector (CESSWI).

Reference Contact Information

Name _____ CPSWQ CPESC CESSWI PE

Address _____

City _____ State/Province _____ Postal Code _____

Country _____

Employer _____ Daytime Phone _____

Email Address _____

Name _____ CPSWQ CPESC CESSWI PE

Address _____

City _____ State/Province _____ Postal Code _____

Country _____

Employer _____ Daytime Phone _____

Email Address _____

Name _____ CPSWQ CPESC CESSWI PE

Address _____

City _____ State/Province _____ Postal Code _____

Country _____

Employer _____ Daytime Phone _____

Email Address _____

Name _____ CPSWQ CPESC CESSWI PE

Address _____

City _____ State/Province _____ Postal Code _____

Country _____

Employer _____ Daytime Phone _____

Email Address _____
