

Right Of Way Professional (RWP) Certification Program Recertification Application Applicant Information Page

Please complete and return this application, along with any requested supporting documentation to IRWA Headquarters.

Only complete applications will be processed. All incomplete applications will be returned. Processing of recertification applications may take up to 6 weeks.

Applicant Information

Recertification Due Date: _____ / _____ / _____ (MM/DD/YY)

Name _____

Membership Number _____ Chapter _____

Address/City _____

State/Province, Zip/Postal Code _____

Phone (____) _____ Fax (____) _____

Email Address _____

Agency or Company _____

Address _____

City/State/Zip _____

Phone (____) _____ Fax (____) _____

Email Address _____

Date Received: _____

HQ Approved: _____

Notes:

Right Of Way Professional (RWP) Certification Program Recertification Application CEU Summary Page

Maintaining the RWP Certification requires recertification every 5 years and the required credits must be accumulated within a period of no more than 5 years from the date of initial Certification approval or from the date of the previous recertification.

48 CEUs must be earned through attending or facilitating courses or seminars approved for recertification credit by the IRWA; a minimum of 16 must be earned by attendance as a participant or facilitator in an IRWA course; and 8 CEUs must be earned through meeting the Ethics Course requirement; the remaining 24 CEUs may be earned through IRWA courses or IRWA approved courses, conferences and/or seminars.

IRWA Courses attended or facilitated (attach copy of course history or certificates)

Course Number & Name	Date/Number of CEUs

Approved Non-IRWA Courses (attach documentation and completion certificates)

Course/Program Name	Date/Number of CEUs

Conference Education Session/ Chapter Educational Seminars (fill in completely)

Event Name	Date/Number of CEUs

Attach additional sheets as necessary. Provide documentation of approval and completion.

Total CEUs _____

I certify that the information presented above and the accompanying materials are, to the best of my knowledge, true and correct.

Signature _____ **Date** ____/____/____

- ☐ Check Enclosed (made payable to IRWA)
☐ Visa ☐ MasterCard ☐ American Express

Card Number _____ Exp. Date ____/____

Signature _____ Amount \$ _____

Name as it appears on card _____

**Right Of Way Professional (RWP) Certification Program
Recertification Application
Code of Ethics
Applicant Signature Page**

Answer the following questions

Have you ever been convicted of fraud, misrepresentation or misappropriation of funds or property?

☐ Yes

☐ No

If yes, attach a detailed explanation.

Have you ever been subject to disciplinary action by any professional organization?

☐ Yes

☐ No

If yes, attach a detailed explanation.

Signature

By signing below, I agree to abide by the IRWA Code of Ethics and to be subject to disciplinary action as adopted by the International Executive Committee (IEC). All of the information provided by me is complete and correct to the best of my knowledge and belief. If I made or at any time make statements with knowledge of the statements falseness, I understand that it shall be cause for denial or revocation of the certification.

Printed Name _____

Signature _____

Date ____/____/____