

NWSA PRACTICAL EXAMINER APPLICATION FORM

Please print and complete all sections.

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<u>Date</u> □ April 23-25, 2019	<u>Location</u> Mukwonago, WI	Host Company ENSA North America	<u>Fees</u> \$750
1. Applicant Information			
First Name	MI Last Name	2	Suffix
Company Name			
Mailing Address			
City	State	Zip	_ Country
Phone		Cell	
E-mail			
2. Are you currently NWSA		Certification Numb	oer:
*Please note to be an NWSA- Program, you must be certificent not completed your certificat submission of your application following workshop attendan	ed by NWSA in both certi ion, your practical exams n. The written exam ma	fication designations (TT for both TTT-1 and TTT	T-1 and TTT-2). If you have -2 must be complete upon
3. Payment Information			
Credit Card No	Exp	. Date Sec	urity Code
Name on Card	Sia	nature	

4. References List two individuals as professional references. 1. _ Phone Name Relationship 2. Phone Relationship Name 5. Resume Submit a resume along with this application. Applications will not be considered complete without an industry-related resume attached. 6. Cancellation Policy Applicants for NWSA Practical Examiner Accreditation Program workshops shall provide at least one week (five business days) notice prior to the first day of the scheduled workshop, in writing, to cancel their registration. Monies submitted may be applied against a subsequent registration. Alternatively, registrant may request a full refund. Substitutions of qualified applicants are permitted so long as their application has been submitted and approved by NWSA at least 48 hours (2 business days) prior to the start of the workshop. If an applicant fails to provide proper notice to cancel or substitute, or fails to show up for a workshop within 10 minutes of the scheduled commencement time, the applicant will be subject to forfeiture of all fees paid. From time to time, NWSA Practical Examiner workshops may be cancelled or rescheduled because of limited enrollment, equipment issues, or for other reasons. In such cases, NWSA will endeavor to provide you with (but cannot quarantee) at least one week's notice of any changes. Please take this into account when making travel plans. 7. Submission of Application By signing this application to attend a Practical Examiner Workshop, you acknowledge that submission of this application does not quarantee admission into the program. You further understand that your participation in the Practical Examiner Accreditation Program and performance in the workshop activities must meet program expectations in order to receive accreditation, and that failure to meet those expectations or to follow NWSA policies may result in denial, suspension or revocation of any Practical Examiner Accreditation status. Finally, by signing this application, you represent that your statements in this application and those in any required accompanying documentation are true. Signed: _____ Date: _____ Please return, along with supporting documentation, to: jeniel.shaw@nws-a.org FOR NWSA USE ONLY

Date Received: By:

Application Complete? YES/NO

Application Approved? YES/NO By:

Comments: