



Certified Water Technologist (CWT) Application Handbook

2 APPLY

3 Steps to Certification: 1. Pass **2. Apply** 3. Recertify

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Suite 100
Rockville, MD 20850
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<http://www.awt.org>

AWT 
ASSOCIATION OF WATER TECHNOLOGIES



Information in this Handbook represents current policies and procedures for AWT's Certified Water Technologist (CWT) program. Information in this Handbook supersedes information contained in any previously published material.

All information and guidelines are subject to change.

Please read and understand the entire Handbook, including all policies, procedures and consequences.

Certified Water Technologist (CWT)

Congratulations! You are ready to complete the second part of the Certified Water Technologist (CWT) process. Having been notified that you passed the CWT Exam, you are now eligible, and encouraged, to apply to become a CWT. The sought after CWT designation is the standard of excellence in the field of water treatment. Individuals with this status have personally committed themselves to distinction in the water treatment industry.

What does it mean to be a CWT?

A Certified Water Technologist has passed AWT's CWT examination—a rigorous, 200-question, proctored test that covers all aspects of water treatment technology, from best practices to regulatory compliance and safety and been employed as a water treatment professional for a minimum of five years. A CWT has also signed a 13-part Declaration of Ethics, agreeing that the principles of honesty, integrity, commitment to conservation of resources, and excellence will govern every business relationship they forge.

Check List

Before you submit the application, have you:

- Read the handbook cover to cover
- Read and agree to be bound by the AWT Code of Ethics, policies and procedures as outlined in this Handbook
- Filled out the application form in its entirety
- Signed your application form
- Completed the Work Experience forms
- Made a copy of your entire application for your records
- Solicited your 4 references
- Made 4 copies of page 13-14, enclosed a stamped addressed envelope to AWT Headquarters and mailed them to your 4 references
- Paid the appropriate application fee
- Mailed your application packet to:
 - AWT
 - Certification Program
 - 9707 Key West Avenue, Suite 100
 - Rockville, MD 20850



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A. Certification

To become a CWT, you must (1) pass the CWT exam and then (2) submit a completed application, with all necessary supporting documents, to AWT Headquarters on the appropriate form ([see Appendix A](#)).

When an application is received at AWT Headquarters, it is checked for completeness and to determine whether the applicant meets the criteria for consideration. The applicant may be contacted for clarification and additional information if necessary.

When the applicant's file is complete, ie, a CWT application with the applicable payment, and four references have been received, by AWT staff, the file is forwarded to a Certification Committee member for review to assure that all criteria have been met by the applicant. The reviewer is asked to confirm that there is no conflict of interest before undertaking the application review. A favorable decision by the reviewer, who is a current CWT, is required for approval, resulting in certification of the applicant. A CWT application reviewer can request additional information or clarification. Unless the applicant specifically requests his/her application be reviewed before taking the test, the file will be submitted after the applicant has successfully passed the exam.

AWT Headquarters will advise the applicant when a decision has been reached by the reviewer. If the applicant is accepted for certification, the applicant is sent notification of certification, a certificate and a CWT card with their certificate number and recertification date printed therein, which they can then use to demonstrate to customers that they are certified. Applicants should allow 4 – 6 weeks for the application process to be completed after the reviewer has received it. Applications are reviewed on a first submitted, first reviewed basis.

AWT regrets that it cannot accommodate requests made to obtain certification on an expedited basis. If the applicant is not accepted, they will be advised of the basis for non-acceptance. It should be noted that there are several common reasons for major delays in processing applications: incomplete applications, applications submitted in any format other than the approved format, and applications containing requests for exemptions or modifications to any program requirements.

B. Appeal Process

If you do not meet the criteria to become a Certified Water Technologist, your application packet will be returned with a letter stating why you are not eligible. You can appeal this decision simply by stating that you wish to do so, in writing, to staff at AWT headquarters, or by fax at (301) 990-9771, **within 30 days** of receipt of your letter of denial. If you decide NOT to appeal, you have 30 days from receipt of your letter of denial to state you do not wish to appeal the decision and to request your refund. Upon receipt of your written request, we will send your refund, minus a \$75 processing fee.

C. Time Limitation for Completion of Certification Application

IMPORTANT: Applicants have 12 months to complete the certification process from the date of the letter in which they are notified that they have passed the certification exam. Applications on which there has been no activity for one year or more will be considered “inactive,” deleted from the list of pending active applications, and will receive no further reminders from AWT. Reapplication will require repayment of the full appropriate fees in effect at the time of reapplication.

D. Fees

CWT Processing Fee:

Members: \$250.00
Non-Members: \$500.00

Re-Evaluation Fee:

\$ 50.00

Additional Certificate Charge:

Ordered in advance, with this application: \$10.00 each*
Ordered after the original has been issued: \$25.00 each

Bad Check Service Charge:

Any person whose check is returned to AWT as “uncollectible” for any reason will have to submit a new payment plus a “Bad Check Service Charge” in the amount of \$25. Upon collection of the payment, the Certification process will resume.

Reinstatement Fee:

\$10.00

***Note:** Due to the considerable time and expense associated with processing, we strongly recommend that CWT candidates request duplicate certificates (if desired) in advance. Please be sure to indicate on your CWT application that you would like additional certificates. Simply specify how many total certificates you desire and enclose the appropriate fee. The first certificate is complimentary.



E. Validity Of Certification

CWT certification is valid for five (5) years. During that time, you are entitled to use the CWT designation after your name to indicate that you are certified. You will receive a certificate, and AWT will also list your name on the CWT page on the website. It is your responsibility to keep AWT informed of any changes to your personal contact information.

F. Other Information

(I) Website

A digital version of this Certified Water Technologist Application handbook is available on the AWT website at <http://awt.org/certification/index.cfm>

(II) AWT Staff

The AWT staff can be reached Monday - Friday between 8:30 am and 5:00 pm (Eastern Standard Time). You may contact AWT staff at the following address:

AWT
Certification Program
9707 Key West Avenue, Suite 100
Rockville, MD 20850
Phone: (301) 740-1421
Email: apike@awt.org
Fax: (301) 990-9771

(III) Address Change

AWT makes every effort to keep the most current mailing addresses of candidates and Certified Water Technologists. However, your assistance in this regard is essential. If you move your employment, or change your mailing address, please contact AWT as soon as possible and staff will update your contact information.

G. Application Directions

Failure to follow directions and/or legibly complete this application will result in summary rejection of this application. For your application to be considered:

1. You must complete and return the enclosed application ([see Appendix A](#)).
2. You must meet the Work Experience requirements, completing pages 11 and 12.
3. You must submit four (4) appropriate references. Reference forms should be mailed directly from your references to AWT staff. Applicants should not see the completed reference form. It is suggested that applicants enclose a stamped addressed envelope to AWT Headquarters when sending the reference form to their references. References must be of managerial level or higher.
4. You must pay the appropriate application fees.
5. All information requested on the accompanying forms must be legibly printed in **black ink** or typewritten and suitable for photocopying.
6. All information requested **MUST** be provided. **Incomplete applications will be rejected.**
7. Completed forms must be accompanied by the appropriate fees in US dollars, made payable to AWT. Refer to Section D to calculate applicable fees.
8. Make and keep a copy of your forms for your records. **AWT can assume no responsibility for forms lost in transit.**
9. Completed forms should be mailed or faxed to:

AWT
Certification Program
9707 Key West Avenue, Suite 100
Rockville, MD 20850
Fax: (301) 990-9771

For assistance, please contact AWT staff at (301) 740-1421.



H. Application Forms Index

1. Applicant Information

- a. Applicant name, address, and phone number
- b. Applicant affidavit
- c. Fee calculation worksheet
- d. Names of your qualification references
- e. Other information

2. Declaration of Ethics

3. Work Experience Documentation

- a. Work Experience **Form 1**: Summary of Water Treatment Work Experience
- b. Work Experience **Form 2**: Individual Job Experience

4. Qualification References

Important!!!!—Before you mail this application, check to be sure you have done the following:

- a. Completely filled out this Application.
- b. Enclosed a credit card number with expiration date, money order, or check made payable to AWT for the correct amount, in US funds.
- c. Provide all information requested. **Do not submit documentation in excess of what is requested. Excess documentation will not be considered as part of your application.**
- d. Distributed the **Qualification Reference** forms to four persons who will complete and return the forms to AWT. It is advisable to provide each reference with a pre-addressed, stamped envelope to AWT to expedite this process. References must be of managerial level or higher.

Note: AWT accepts no responsibility for delays caused by incomplete, inaccurate or illegible information.



Appendix A

Certified Water Technologist (CWT) Application*

**To be completed AFTER you have been notified that you passed the CWT exam.*

1a. Applicant Name, Address, and Phone Number

Last Name First MI

Home Address

Home Phone

City State Zip Code

AWT Member: Yes No

Company Name

Business Address

Business Phone Fax Email

City State Zip Code

Other Certifications held

1b. Applicant Affidavit

I understand that if I knowingly provide false information in connection with any part of my application for recognition under this program, it will be grounds for disciplinary procedures against me.

Signature Date

Printed Name



1c. Fee Calculation Worksheet

How many additional certificates would you like to purchase now, at \$10/each? _____

Members \$250.00

Nonmembers..... \$500.00

Extra Certificate..... \$10.00 each

1d. Payment

Payment Method

- Enclosed is a check payable in US Dollars to AWT
- Enclosed is a Money Order payable in US Dollars to AWT
- Please charge my: Visa MasterCard Amex

Credit Card Number

Security Code

Expiration Date

Name on Card

Signature

Note: Full payment of fees must be made before an application will be reviewed.



1e. Names of Your Qualification References

A qualification reference is a person who will vouch for your technical competence. Four qualification references are required. You are asked to provide the names of four individuals, unrelated to you and not more than one from any company, who have personal knowledge of your employment and/or teaching, knowledge and expertise in the field of industrial water treatment. Acceptable references include current CWTs, present supervisors, present clients, previous supervisors, previous clients, professors and instructors, and must be of managerial level or higher. Employees of companies who sell goods and/or services to water treatment companies are not acceptable as references. Provide no more than one reference from your present employer, however, individuals employed by, and performing water treatment for a single company at multiple locations may provide more than one reference from that entity, provided that the references are at an “arm’s-length” distance from each other within that organization. To qualify as an arm’s length relationship, none of the references should have any interest in the consequences to the others.

NOTE: You are to send each of these persons a **Qualification Reference Form** which they should complete and return directly to AWT. It is strongly recommended that you enclose a stamped addressed envelope to AWT Headquarters with your reference form to make it more convenient for your reference to mail. It is your responsibility to follow up with these people to ensure that they complete and return the form.

Qualification Reference Name #1 and Job Title

Qualification Reference Name #2 and Job Title

Qualification Reference Name #3 and Job Title

Qualification Reference Name #4 and Job Title



1f. Other Information

Educational Background (Optional):

Include only if you desire work experience credit for education. Twelve months credit is given for a college degree in any field. An additional six months is granted for a degree in any technical discipline.

Name of College or University Degree Received and Date Awarded:

Non-Water Treatment Work Experience (Optional)

Include only if you desire work experience credit for non-water treatment related employment. Three months credit, up to a maximum of one year, is given for each year worked in plant or facilities engineering, operations, or maintenance. Please attach a copy of this page if additional space is needed.

Summary of Non-Water Treatment Work Experience

From (Mo/Yr): ____/____ To (Mo/Yr): ____/____

Job Title

Company Name

Brief Job Description

From (Mo/Yr): ____/____ To (Mo/Yr): ____/____

Job Title

Company Name

Brief Job Description

Other Optional Data:

Please provide any additional information you wish to have considered by the reviewer (such as, but not limited to, education not included above, your published articles on water treatment subjects, other technical papers or books that you have written or co-written, any patents you have obtained as a direct result of your efforts, etc.). You may attach a maximum of two, single sided pages of additional information if you desire. Attachments of more than two single-sided pages will be returned to you without review, and will not be considered as part of your application.



2. Declaration of Ethics

I hereby:

- (a) Recognize and acknowledge that the proper control of industrial water treatment problems can be critical to the safety and welfare of the general public and industrial facilities.
- (b) Recognize and acknowledge that the control of industrial water treatment problems is obligatory to maximize conservation of our material resources and to reduce economic losses.
- (c) Recognize and acknowledge that the entire field of industrial water treatment encompasses the application of the knowledge and experience of many diverse disciplines and levels of technical competence which must often be consulted.
- (d) Recognize and acknowledge that only through continual association and cooperation with others in this field can the safest and most economical solutions be found to the many types of industrial water treatment problems.
- (e) Recognize and acknowledge that the quality of my work reflects on the entire industrial water treatment profession.

For these reasons I:

- (a) Agree to give first consideration in my water treatment work to safety and public welfare.
- (b) Agree to apply myself with diligence and responsibility to the water treatment work that lies within my area of competence.
- (c) Agree to pursue my work with fairness, honesty, integrity and courtesy, ever mindful of the best interests of the public, my employer, and of fellow workers in the field of industrial water treatment.
- (d) Agree to not represent myself to be proficient or make recommendations in phases of water treatment work in which I am not qualified by knowledge and experience.
- (e) Agree to avoid and discourage untrue, sensational, exaggerated, or unwarranted statements regarding my work or products in oral presentations, written texts, or advertising media.
- (f) Agree to treat as confidential my knowledge of the business affairs or technical process of clients, employers, or customers when their interests so require.
- (g) Agree to inform clients or employers of any business affiliations, interests, or connections which might influence my judgment.
- (h) Agree to uphold, foster, and contribute to the achievement of the published objectives of the AWT.

I understand that my failure to comply with these requirements could result in disciplinary action against me.

Signature

Date

Name (Print)



3. Work Experience Documentation

Carefully read these directions before proceeding.

- a. Make as many copies of Work Experience Forms 1 and 2 as required.

NOTE: For the purpose of these forms, “job” is defined as “a position in which you are/were regularly employed for a period of time.” For example: “I had a job with AAA Chemical Company as a sales representative for two years.” Work performed as part of an educational experience (eg. work study, summer jobs, graduate research, etc.) may be included. You may have had more than one job per employer, for example, if you were promoted.

- b. Completely fill out one copy of **Work Experience Form 2** for each job you want included in your work experience assessment. If you move from one job to another with the same employer, you must fill out separate forms for each job. You must provide complete information. If you are self employed, provide names and addresses of specific individuals at major clients who can verify your work history.
- c. Summarize the information from each copy of **Work Experience Form 2** you completed onto **Work Experience Form 1: Summary of Water Treatment Work Experience**.
- d. Arrange your forms in order of most recent experience first, followed by less recent experience. Number pages consecutively. If you have 12 pages of forms, the first page is page 1, and the other pages should be numbered 2 through 12.

3A. Work Experience Form 1: Summary of Water Treatment Work Experience

Make and use as many copies of this form as needed. Please provide the information requested per the directions provided. Information must be printed legibly in black ink or typed. Illegible information can seriously delay, or even stop, your application process.

Please summarize below the information that you have detailed on each copy of Work Experience Form 2:

Individual Job Documentation

From (Mo/Yr): ____/____ To (Mo/Yr): ____/____

| | |
|-----------|--------------|
| Job Title | Company Name |
|-----------|--------------|

| | |
|-----------------------|--|
| Brief Job Description | |
| | |

From (Mo/Yr): ____/____ To (Mo/Yr): ____/____

| | |
|-----------|--------------|
| Job Title | Company Name |
|-----------|--------------|

| | |
|-----------------------|--|
| Brief Job Description | |
| | |

From (Mo/Yr): ____/____ To (Mo/Yr): ____/____

| | |
|-----------|--------------|
| Job Title | Company Name |
|-----------|--------------|

| | |
|-----------------------|--|
| Brief Job Description | |
| | |



3B. Work Experience Form 2: Individual Job Experience

Use one of these forms for each period of work experience (“job”) you wish to document. Make and use as many copies of this form as you need. Please provide the information requested per the directions and definitions provided. For assistance with this form, contact AWT Headquarters.

Job Information

From (Mo/Yr): ____/____ To (Mo/Yr): ____/____

Job Title

Company Name

From (Mo/Yr): ____/____ To (Mo/Yr): ____/____

Job Title

Company Name

Who can AWT contact to verify this experience?

Name

Company

Address

City

State

Zip Code

Phone

Fax

Please describe in detail, on a separate sheet, your water treatment-related duties in this job.



4. Qualification Reference Applicant

Make four (4) photocopies of this form. Legibly (typewritten or printed in **black ink**) complete Items **4a** and **4b**, then forward this form to the **four people** you have listed as references in section **1D** on your application. **Ask this person to complete the rest of this form, and return it directly to AWT.** This is your responsibility, and you should follow up with this reference to ensure that this form has been completed correctly.

4a. Applicant's full name _____

4b. Contact Information of person who is familiar with the employment covered on this form:

| | | |
|----------------|-------|----------|
| Reference Name | | Title |
| Company | | |
| Address | | |
| City | State | Zip Code |
| Phone | Fax | Email |

REFERENCE: The applicant named above has submitted your name as a reference in his or her application for certification by the Association of Water Technologies (AWT). This recognition is very important to the applicant, and it is requested that you complete the information requested on both pages of this form as quickly as possible, and send it directly to:

AWT Certification Program
9707 Key West Avenue, Suite 100
Rockville, MD 20850

This information should remain confidential and should not be sent to the candidate.

4c. Acceptable qualification references include: Current CWTs; registered or chartered engineers; present and/or previous supervisor(s) of the applicant; present and/or previous clients of the applicant (at minimum, reference has to hold a management position within the client organization); and/or professors and instructors.)

Please check the appropriate box(s) and complete the information beside it.

I am:

- AWT Certified, Certificate Number : _____
- A registered engineer: State Branch: _____ No: _____
- A present or previous supervisor of applicant
- A present or previous client of applicant
- A previous professor or instructor of applicant

4d. I have known the applicant for _____ years.

4e. From personal knowledge, my assessment of the applicant's character and personal reputation is that it is (check one):

- excellent average below average I do not know

4f. From personal knowledge, I know that the quality of the applicant's work in the field of industrial water treatment is (check one):

- excellent average below average I do not know

4g. Based on this personal knowledge, I know that the applicant has been engaged in industrial water treatment work for _____ years ("industrial water treatment work" being defined as "work in the field of boiler and cooling water treatment at any level, the investigation of corrosion, scaling and deposit mechanisms, and/or the investigation, design, and implementation of water treatment control procedures, and/or the teaching of water treatment related technology.")

4h. The applicant is proficient in the following phases of industrial water treatment:



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- 4i. Would you employ the applicant, or recommend the applicant for employment, in the field of industrial water treatment you have described in item **4h**? Yes No
- 4j. Please describe some of the major projects or activities in which the applicant has been engaged in the field of industrial water treatment. Describe only those where you had personal knowledge of the applicant's work. Describe these briefly, but give enough detail to show the degree of responsibility exercised by the applicant, the complexity of the project or activity, the degree of knowledge or skill required, etc. Additional sheets may be attached.

4k. Other comments (optional, not required)

Signature

Date

Name (Print)

Please mail the completed form to:

AWT
Certification Program
9707 Key West Avenue, Suite 100
Rockville, MD 20850

or Fax: (301) 990-9771