



## APPLICATION FOR EXPERIENTIAL LEARNING (EL) CREDIT

Certified Person Requesting EL Credit \_\_\_\_\_

Certified Person's Certification Number \_\_\_\_\_ Email Address \_\_\_\_\_

Certified Person's Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone number \_\_\_\_\_

- The Experiential Learning activity must have occurred within the 3-year cycle for which certified person is seeking credit toward recertification.
- Only industry-related voluntary activities (not activities pursued during the course of employment) dealing with technical aspects of water treatment or appropriate industry-related problems will be accepted for credit.
- Appropriate and verifiable documentation of the learning experience and activities involved (such as a letter from a community organization verifying a speech given or a copy from an article published) **MUST ACCOMPANY THIS APPLICATION**. Phone number and name of some other person who can verify that the experience took place is **REQUIRED**. If EL credit is being sought for a talk or speech given, attach outline. If the same speech is given at several occasions, credit will be given for only one presentation of that speech.

Please describe below the experience for which Experiential Learning Credit is requested. Give dates of the activity, what you did, what organizations or persons you worked with, and time spent on related activities, such as preparation and follow up:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The purpose of requiring Continuing Professional Development (CPD) Credit for maintenance of WQA certification is to insure that the certified persons continue to keep up with industry progress and maintain or improve their own technical proficiency.

Describe below *what you learned from this experience* that will help you improve or maintain your technical proficiency:

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

I hereby request Continuing Professional Development (CPD) Credit towards recertification in WQA voluntary Certification Program. I do affirm that all information provided about the learning experience for which I seek credit is true and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR WQA USE ONLY**

Amount of CPD Credit granted \_\_\_\_\_ Date \_\_\_\_\_

Credit NOT granted because \_\_\_\_\_

By WQA Staff Member \_\_\_\_\_