

**Senior Right Of Way Professional (SR/WA) Designation Program
Generic Recertification Application
Applicant Information Page**

(Applicable for previous & current SR/WA Designation Program)

Please complete and return this application, along with any requested supporting documentation and a non-refundable recertification fee of \$100 USD (\$140 USD for non-members) to IRWA Headquarters. Applicable tax based on country's tax laws to be added to the fee above.

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:

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Maintaining the SR/WA Designation 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.

72 Credit Units must be earned through attending (classroom or online) 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 Credit Units must be earned through meeting the IRWA Ethics Course requirement; the remaining 48 Credit Units may be earned through IRWA courses, conferences and seminars or in combination with up to 24 credit units from outside education vendors.

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

Course Number & Name	Date/Number of Credit Units

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

Course/Program Name	Date/Number of Credit Units

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

Event Name	Date/Number of Credit Units

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

Total Credit Units _____

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 _____

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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 designation.

Printed Name _____

Signature _____

Date ____/____/____