



# **Certified Workforce Specialist (CWS) Application Package**



**Congratulations on your decision to become certified! Becoming a Certified Workforce Specialist shows your employer and your co-workers your initiative in continuing your professional development.**

**We wish you luck in your workforce career!**

*The Certified Workforce Specialist (CWS) credential is administered and awarded by the International Association of Workforce Professionals (IAWP). IAWP is a worldwide professional association available to all individuals with a common interest in workforce systems. IAWP equips members for success by providing the highest quality of education, leadership, information exchange, and recognition of excellence through a network of local, regional, and International chapters preparing members for the workforce challenges of tomorrow.*

IAWP  
1801 Louisville Road  
Frankfort, Kentucky 40601  
888-898-9960  
Fax: 502-223-4127  
iapes@iapes.org  
www.iawponline.org

October 2007

## **REQUIREMENTS TO BECOME A CERTIFIED WORKFORCE SPECIALIST (CWS)**

There are four (4) requirements:

### 1. Education plus Workforce Development Experience:

- Master's Degree with 2 years current workforce development experience OR
- Bachelor's Degree with 3 years current workforce development experience OR
- Associate's Degree with 4 years current workforce development experience OR
- High School Diploma or GED with 5 years current workforce development experience

*Documentation must be provided in the form of a copy of diploma/degree from an accredited institution and detailed workforce development experience.*

### 2. Professional Membership:

The applicant must have maintained membership in IAWP for the previous two (2) consecutive years or have similar membership in another workforce development professional association for the same time frame.

*Verification for IAWP membership will be done by IAWP Administrative Office. Other association memberships will require documentation.*

### 3. IAWP Workforce Professional Development Program (WPDP):

Applicants must pass all four (4) WPDP competencies (History of Workforce Development, Business & Jobseeker Specialist, Unemployment Insurance Specialist, and Labor Market Information Specialist). The WPDP is currently available in a hardcopy version, but an electronic/online version is being planned.

### 4. Professional References:

The applicant must submit two (2) letters of reference: one from an immediate supervisor, and one from another person within the workforce profession that can attest to the individual's experience, knowledge and skills.

## **CERTIFICATION PERIOD**

Certification is valid for three years from time of approval. Every three years thereafter, a re-certification can be applied for as long as the individual can show proof that they are still employed in a workforce development profession, are still a member of a professional association, and provide proof that they have completed at least 100 hours of professional development training since their last certification.

## **APPLICATION PROCESS**

### A. Application Form

The official application form must be completed legibly and sent to the IAWP Administrative Office with the required documentation and fees as noted.

### B. Time Frame for Review

Applications will be reviewed by the IAWP Review Committee within two (2) months of receipt.

### C. Notification/Recognition

Approved applicants will be notified within two (2) weeks of completion of review by way of a certificate and letter of congratulations.

Notification by letter will be sent to the applicant's employer, whether an agency administrator or private sector supervisor, and the applicant's immediate supervisor. Please supply the information for whom you wish to be notified on the application form.

Certified Workforce Specialists will be recognized in the IAWP publication *Workforce Professional* and in the printed program of the IAWP Annual International Educational Conference. Certified Workforce

Professionals are encouraged to use the “CWS” designation after their name in professional correspondence.

If your application is not accepted, IAWP will provide a written explanation for the non-acceptance and options for correction or resubmittal. You may resubmit the application once within six months from the date on the non-acceptance letter without an additional application fee.

## **REVIEW**

Your application will be reviewed by members of the IAWP Educational Development Committee within two months of receipt. You will be notified by mail only whether you were accepted or rejected. The IAWP Administrative Office will not be able to respond to telephone inquiries about your application status.

## **FEES**

### **A. Certification**

The application fee is \$50 and is not refundable. If the application is rejected you can reapply within six (6) months for no additional fee.

### **B. Re-certification** (every 3 years)

The reapplication fee is \$50.

## FREQUENTLY ASKED QUESTIONS

**1. Do all items have to be sent with the application?**

Yes, applications with missing information will be returned to the applicant.

**2. If I received a certificate from a program, will that count toward my education requirement?**

No, only completed high school/GED, Associate's Degree, Bachelor's Degree, and Graduate Degrees from accredited institutions will be accepted to fulfill the education requirement. Certificate programs may be considered for continuing professional development for recertification.

**3. Does the work experience have to be related to workforce development?**

Yes, the applicant should be involved in processes or systems that assist or support the workforce (individuals, groups and/or businesses) in preparing for, obtaining, or maintaining employment, including but not limited to one-stops, unemployment, labor market information, business services, veterans, rehabilitation, and WIA.

**4. Can I request the return of my application materials?**

No, all application materials become the property of IAWP.

**5. How long is the certification process?**

Applications are reviewed within two months of receipt and applicants are notified of the decision within two weeks of the end of the review.

**6. Who reviews the applications?**

Members of the IAWP Educational Development Committee.

**7. What if my application is not accepted?**

You will receive a written reason for the non-acceptance and options to make corrections. You can resubmit once within six (6) months from the date on the non-acceptance letter with no additional application fee.

**8. How long is the certification valid?**

Three (3) years.

**9. What do I need to do to recertify?**

You may recertify after three years with verification that you still work in the workforce development field, have accumulated 100 hours of continuing education or training in the workforce field, and pay the \$50 recertification fee.

**10. What are payment options for the application fee?**

Check (made payable to IAWP) or credit card (Visa or Mastercard only).



## CHECKLIST FOR YOUR CWS APPLICATION

- \_\_\_\_\_ FORM: Completed and signed application form
- \_\_\_\_\_ EDUCATION: enclose a copy of:
  - \_\_\_\_\_ HS diploma/GED      OR      \_\_\_\_\_ College degree/transcript
- \_\_\_\_\_ EXPERIENCE: enclose a copy of:
  - \_\_\_\_\_ Hire date verification (on application form) OR
  - \_\_\_\_\_ Recent performance evaluation
- \_\_\_\_\_ PROFESSIONAL MEMBERSHIP:
  - \_\_\_\_\_ IAWP member for previous two consecutive years (IAWP Administrative Office will verify membership)
  - \_\_\_\_\_ Other association: Must enclose copy of membership card or other documentation, including join date and current status
- \_\_\_\_\_ WPDP: Enclose a copy of certificate(s) for successful completion of WPDP program
- \_\_\_\_\_ PROFESSIONAL REFERENCES: List two professional references detailing required years of work experience. One of the references must be from an immediate supervisor
- \_\_\_\_\_ FEE: Enclose payment for certification (\$50)
- \_\_\_\_\_ MAIL TO:      IAWP  
                                 1801 Louisville Road  
                                 Frankfort, Kentucky 40601



# CWS APPLICATION FORM

Title (circle one): Dr. Mr. Ms. Mrs.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Title: \_\_\_\_\_

Company/Agency Name: \_\_\_\_\_

Company/Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office email: \_\_\_\_\_

*(Notices and reminders will be sent to this address unless otherwise requested.)*

Preferred Mailing Address: \_\_\_\_\_ Home \_\_\_\_\_ Business

**Optional information:**

Home phone: \_\_\_\_\_ Home email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

**Education plus Experience (please check one):**

- \_\_\_\_\_ Master's Degree with 2 years current workforce development experience OR
- \_\_\_\_\_ Bachelor's Degree with 3 years current workforce development experience OR
- \_\_\_\_\_ Associate's Degree with 4 years current workforce development experience OR
- \_\_\_\_\_ High School Diploma or GED with 5 years current workforce development experience

*Documentation for education must be provided in the form of a copy of diploma/degree from an accredited institution. Documentation for experience can include a recent performance evaluation or verification of your hire date (below).*

Name & Address of school/institution indicated above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Years with current employer: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Supervisor's signature (verifying hire date): \_\_\_\_\_

**Professional Membership:**

The applicant must have maintained membership in IAWP for the previous two (2) consecutive years or have similar membership in another workforce development professional association for the same time frame.

*Verification for IAWP membership will be done by IAWP Administrative Office. Other association memberships will require documentation and verification.*

Association Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Member Number: \_\_\_\_\_

**IAWP Workforce Professional Development Program (WPDP):**

Applicants must pass all four (4) WPDP competencies (History of Workforce Development, Business & Jobseeker Specialist, Unemployment Insurance Specialist, and Labor Market Information Specialist).

Please list dates when all four competencies were received:

*History of Workforce Development* \_\_\_\_\_  
(formerly Employment & Training Generalist)

*Business & Jobseeker Specialist* \_\_\_\_\_  
(formerly Employment Services Specialist)

*Unemployment Insurance Specialist* \_\_\_\_\_  
(formerly Tax & Benefits Specialist)

*Labor Market Information Specialist* \_\_\_\_\_

**Professional References:**

The applicant must submit two (2) signed letters of reference: one from an immediate supervisor, and one from another person within the workforce profession that can attest to the individual's experience, knowledge and skills.

The letter should include the following items:

- Statement the applicant is working in a workforce development area
- Statement the applicant possesses extended knowledge of workforce issues
- Reason why the applicant should receive the Certified Workforce Specialist designation
- Contact information of the person writing the letter

**Certification Announcement:**

The employer and immediate supervisor you list will be informed when you earn the CWS designation.

Name: _____	Name: _____
Title: _____	Title: _____
Company/Agency: _____	Company/Agency: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

**Certify**

By signing below, I certify the information in this application is accurate, true, and complete to the best of my knowledge. I agree IAWP has the right to contact any person or agency/business to verify this information. I authorize the release of information needed in the verification of information contained in this application to IAWP.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment**

Amount:  
\_\_\_\_\_ Certification (\$50)

Payment Method:  
\_\_\_\_\_ Check enclosed  
\_\_\_\_\_ Charge to Visa or Mastercard

Cardholders Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Account #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_



## CHECKLIST FOR YOUR CWS RECERTIFICATION APPLICATION

\_\_\_\_\_ FORM: Completed and signed application form

\_\_\_\_\_ CONTINUED WORKFORCE-RELATED EMPLOYMENT: enclose a copy of:

\_\_\_\_\_ Recent performance evaluation OR

\_\_\_\_\_ Hire date verification (on application form)

\_\_\_\_\_ CONTINUED PROFESSIONAL MEMBERSHIP:

\_\_\_\_\_ IAWP member (IAWP Administrative Office will verify membership)

\_\_\_\_\_ Other association: enclose copy of membership card or other documentation

\_\_\_\_\_ PROFESSIONAL DEVELOPMENT (at least 100 hours): Professional development training can include verifiable attendance at IAWP International Educational Conference workshops, IAWP Chapter training seminars, or other workforce development training. List dates, titles, providers and hours and include documentation.

\_\_\_\_\_ FEE: enclose payment for recertification (\$50)

\_\_\_\_\_ MAIL TO: IAWP  
1801 Louisville Road  
Frankfort, Kentucky 40601



# CWS RECERTIFICATION APPLICATION FORM

Title (circle one): **Dr.**      **Mr.**    **Ms.**    **Mrs.**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Title: \_\_\_\_\_

Company/Agency Name: \_\_\_\_\_

Company/Agency Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Office email: \_\_\_\_\_

*(Notices and reminders will be sent to this address unless otherwise requested.)*

Preferred Mailing Address: \_\_\_\_\_ Home      \_\_\_\_\_ Business

**Optional information:**

Home phone: \_\_\_\_\_ Home email: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office fax: \_\_\_\_\_

**Continued Employment in Workforce Development**

You must continue to be employed in the workforce development field. Please provide information about your current employer. Date of hire must be verified with your supervisor's signature.

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Years with current employer: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Supervisor's signature: \_\_\_\_\_



**Recertification Announcement:**

The employer and immediate supervisor you list will be informed when you earn the CWS recertification.

Name: _____	Name: _____
Title: _____	Title: _____
Company/Agency: _____	Company/Agency: _____
Address: _____	Address: _____
City/State/Zip: _____	City/State/Zip: _____
Phone #: _____	Phone #: _____
Email: _____	Email: _____

**Certify**

By signing below, I certify the information in this application is accurate, true, and complete to the best of my knowledge. I agree IAWP has the right to contact any person or agency/business to verify this information. I authorize the release of information needed in the verification of information contained in this application to IAWP.

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment**

Amount:  
\_\_\_\_\_ Recertification (\$50)

Payment Method:  
\_\_\_\_\_ Check enclosed  
\_\_\_\_\_ Charge to Visa or Mastercard

Cardholders Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Account #: \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_