

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

**(Can be used for both pre 2010 & 2010-11 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 (\$200 USD for non-members) to IRWA Headquarters.

**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:

## Senior Right Of Way Professional (SR/WA) Designation Program Generic Recertification Application CEU Summary Page

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 or IRWA approved courses, conferences and/or seminars.

**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 \_\_\_\_\_

**Senior Right Of Way Professional (SR/WA) Designation Program  
Generic Recertification Application  
Code of Ethics  
Applicant Signature Page**

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**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 \_\_\_\_/\_\_\_\_/\_\_\_\_