

# Certified Public Works Professional Supervision (CPWB) Exam Application

## Part A: Candidate Information (Print or type the requested information.)

_____	_____	_____
First Name	MI	Last Name
_____		_____
Employer	Job Title	
_____		_____
Preferred Address		City
_____	_____	_____
State/Province	Postal Code	Country
This is my:		
Office		Home
_____		_____
Preferred Email		Preferred Phone Number

## Part B: Exam Date Selection

Exams are administered via computer at your place of employment, or designated testing center

Please see the attached exam schedule. Dates are subject to change based on business needs. Please visit the certification page on our website [www.apwa.ca](http://www.apwa.ca) to confirm availability prior to submission.

In the event you encounter technical issues, support is available from 8:00am to 4:30pm CST. We are not able to guarantee availability outside of normal working hours.

All applications must be submitted no less than 30 days prior to your preferred date.

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### Part C: Test Delivery

Your certification exam must be supervised by an officially approved proctor. It is your responsibility to contact a person to act as a proctor and submit this completed form.

The person you select should not have an interest in you passing the exam. Some examples of appropriate proctors are:  
1) Human resources personnel 2) Administrative personnel, 3) Supervisor from another department; cannot be your direct supervisor.

Your proctor cannot be a relative, a coworker/peer, direct supervisor or anyone who may be tempted to allow you to

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