WQA Contracted Mentor Program

Experience Verification Form

Name: ____________________________________________________________

Organization: ______________________________________________________

Address: __________________________________________________________

Email: ___________________________________________ Phone: ____________

1. Please indicate the certification title(s) being applied for and select which of the corresponding experiences supports your eligibility. In addition to the specific experience below, all mentors must have a minimum of 5 years’ current experience in the focus area they will be mentoring and should be able address a wide variety of treatment equipment and applications, both POU and POE.

<table>
<thead>
<tr>
<th>Title Able to Mentor</th>
<th>Eligibility: (check all applicable, per title able to mentor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CWR</td>
<td>☐ Current CWR ☐ Current CWS ☐ Current MWS ☐ Sales experience</td>
</tr>
<tr>
<td>CWS</td>
<td>☐ Current CWR ☐ Current MWS</td>
</tr>
<tr>
<td>CI</td>
<td>☐ Current CI ☐ Current CST</td>
</tr>
<tr>
<td>CST</td>
<td>☐ Current CI ☐ Current CST ☐ Current MWS ☐ Troubleshooting experience</td>
</tr>
</tbody>
</table>
2. Please provide reference from three industry colleagues familiar with your work and experience who can verify that you are eligible to mentor learners in the certification title(s) you have indicated. The referenced colleagues must add their signatures to the form.

   a. Reference #1

   Name: ___________________________ Email: ___________________________

   Organization: ___________________________ Relationship: ___________________________

   Address: ___________________________ Phone: ___________________________

   b. Reference #2

   Name: ___________________________ Email: ___________________________

   Organization: ___________________________ Relationship: ___________________________

   Address: ___________________________ Phone: ___________________________

   c. Reference #3

   Name: ___________________________ Email: ___________________________

   Organization: ___________________________ Relationship: ___________________________

   Address: ___________________________ Phone: ___________________________
By signing this form, I verify that the above information is correct.

__________________________________________
Signature Date

Please return completed form to WQA’s Professional Certification & Training Department via email, education@wqa.org, or fax, 630 505 9637.