 

# Application to Take MWPCP Professional In-Training Exam

**Use this form to apply to take the Minnesota Wetland Professional Certification Program (MWPCP) In-Training Certification Exam. To take the exam you must complete and submit this form, register for a specific exam date using the online registration form and pay the associated fee. This form must be submitted at least two weeks prior to the date you wish to take the exam to allow time for review and verification by the MWPCP. Return to BWSR c/o Amy Waters, 520 Lafayette Rd. N., St. Paul, MN 55115 or email** **amy.waters@state.mn.us****.**

**Applicant Information**.

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| Name:   |
| Affiliation (if any):  |
| Mailing Address:  |
| E-mail Address:  |
| Phone Number:  |

**Training.** Applicants must have completed at least 18 hours of professional level wetland regulatory or technical coursework related to wetland delineation/identification, wetland restoration, state/federal wetland regulations, wetland functional assessment and/or wetland monitoring within the last three years. **Note that college courses used to meet degree requirements for enrolled students cannot be used to meet the training requirement for the exam**. Provide the following information on qualifying professional training:

* Training event name(s)
* Date(s) of training event
* Training event sponsor
* Training event instructor(s) name, qualifications and affiliation
* Number of classroom and/or field training hours (to the nearest hour) minus any breaks
* Attach copy of training class agenda

You can enter this information in the space below or reference and attach documents. If your training requirement is met through MWPCP-sponsored class or classes, you need only provide the name and date of the MWPCP-sponsored class. All other information is on file with the MWPCP. Applicants proposing to take the exam following the completion of an MWPCP-sponsored class (with at least 18 credit hours) will be considered eligible to take the exam provided they are registered for the class and complete it prior to the exam.

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Do you give permission for your name to be displayed on a list of certified wetland professionals on the BWSR MWPCP website? Yes No

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| **Name:**  | **Signature** | **Date**  |