

CWNT® - Certified Wireless Network Trainer® Application

INSTRUCTIONS FOR APPLICANT

Thank you for your interest in CWNP® and the Certified Wireless Network Trainer (CWNT) certification. The completed application will serve as your submission to CWNP of your credentials and consideration for this certification. The requirements to become a CWNT professional are:

- A minimum of 12 months of documented IT training experience
- Maintain a current IT training certification or submit a technical teaching video
- For the CWNP Level you wish to teach, you must attend an official CWNA class
- Pass the CWNA exam and the appropriate level exam with a minimum score of 80%
- Complete this application form and submit the application fee of \$400.00 (USD). The annual renewal fee is \$200.00 (USD). The application fee will be refunded if your application is declined for any reason.

NOTE: CWNT certified individuals may only teach CWNP classes for CWNP Authorized Learning Centers (ALCs). Violation of this rule may lead to termination of your CWNT status.

Please complete the attached form, sign and agree to the CWNP Certification Agreement, complete the credit card authorization form for the amount of \$400.00 (USD), and send the completed application to either cwnt@cwnp.com or fax to 1-919-287-2952.

Please include a copy of your “Certificate of Attendance” for the CWNA class you attended and your “score sheet” from the Pearson/VUE Testing Center at which you took the exam(s). Please allow 2 – 3 weeks for processing of your application. If you have any questions about this application or the progress of your submitted application, please email customer-care@cwnp.com or call 1-919-230-8529.

If you are accepted as a CWNT, you will be notified by email and will be able to download your certificate from your account at www.cwnp.com. Once you are certified as a CWNT professional, you will have attained the right to display the CWNT logo on business cards, personal web sites, or other personal advertisements.



CWNT Applicant Information

Name _____

Email Address _____

Mailing Address _____

City _____ **State** _____

ZIP/Postal Code _____ **Country** _____

Phone _____ **Fax** _____

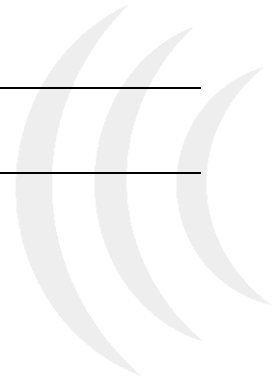
Certification ID Number (Your ID number sent via email after you passed a CWNP exam)

CWNP ID # _____

Teaching Certifications

Please check **at least one** of the following:

	Certification Id/Number
<input type="checkbox"/> Microsoft MCT	_____
<input type="checkbox"/> CompTIA CTT+	_____
<input type="checkbox"/> Novell CNI	_____
<input type="checkbox"/> Cisco CCNI or CCSI	_____
<input type="checkbox"/> JEB Level 3 Certificate	_____
<input type="checkbox"/> Current certification as an instructor by any branch of the Armed Forces	_____
<input type="checkbox"/> 20+ minute video of you teaching a technical course (List URL)	_____





Technical Experience

At least one year of hands-on technical experience in the computer networking industry outside of a classroom setting is required. Please provide specific details on your experience.

From	Description
____/____ to ____/____	_____
____/____ to ____/____	_____
____/____ to ____/____	_____

Teaching/Speaking Experience

At least one year of experience teaching adults in a formal setting is required. Please provide specific details on lectures delivered.

From	Description
____/____ to ____/____	_____
____/____ to ____/____	_____
____/____ to ____/____	_____

Signature

By signing on the line below, I agree that the above information is true and correct to the best of my knowledge.

Signature

Date





CWNT Application Fee Credit Card Authorization Form

CREDIT CARD AUTHORIZATION FORM FOR THE SOLE AND LIMITED PURPOSE OF APPLICANT AUTHORIZING CWNP, LLC. TO CHARGE APPLICANT'S CREDIT CARD FOR THE ONE-TIME FEE OF \$400.00 REQUIRED AS A RESULT OF THIS AGREEMENT.

Applicant hereby authorizes CWNP, LLC. to charge the following credit card in the amounts listed above at the dates listed above.

Name on Credit Card:

Credit Card Number:

Expiration Date:

CVV Number:

Charge Amount: \$400.00 (USD)

Billing Address 1:

Billing Address 2:

City:

State/Province:

ZIP / Postal Code:

Country:

Telephone Number:

Authorized signature:

