

# CWNT® - Certified Wireless Network Trainer® Application

## INSTRUCTIONS FOR APPLICANT

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

- A minimum of 12 months of documented IT training experience
- Maintain a current IT training certification(s)
- For the CWNP Level you wish to teach, you must attend an official CWNA class. There are no exceptions to this requirement.
- Pass the CWNA exam and/or the appropriate level exam with a minimum score of at least 80%. There are no exceptions to this requirement.

**NOTE:** CWNT certified individuals may only teach CWNP classes for CWNP Authorized Learning Partners (ALPs). Violation of this rule may lead to termination of your CWNT status as well as jeopardize the status of the Authorized Learning Partner.

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](mailto:cwnt@cwnp.com) or fax to 866-422-8354. The application fee will be refunded if your application is declined for any reason.

**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 – 4 weeks for processing of your application. If you have any questions about this application or the progress of your submitted application, please email [customercare@cwnp.com](mailto:customercare@cwnp.com) or call 866-438-2963.

If you are accepted as a CWNT, you will be notified by email and receive a CWNT certificate of completion in the mail. Once you are certified as a CWNT, you will have attained the right to display the CWNT logo on business cards, personal web sites, or other personal advertisements. If your organization employs two or more people who earn the CWNT certification, your organization may qualify as a CWNP Authorized Learning Partner. **There is an annual CWNT renewal fee of \$200.00 (USD).** For more information on becoming a CWNP Authorized Learning Partner, email [customercare@cwnp.com](mailto:customercare@cwnp.com) or call 866-438-2963.

## CWNT Applicant Information

<b>Name</b>			
<b>Email Address</b>			
<b>Mailing Address</b>			
<b>City</b>		<b>State</b>	
<b>ZIP/Postal Code</b>		<b>Country</b>	
<b>Phone</b>		<b>Fax</b>	

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

<b>CWNP ID #</b>	
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## Teaching Certifications

At least one teaching certification must be held. Please check **at least one** of the following:

### Certification Id/Number

Microsoft MCT

CompTIA CTT+

Novell CNI

Cisco CCNI or CCSI

JEB Level 3 Certificate

Current certification as an instructor  
by any branch of the Armed  
Forces

Other (please specify)

## 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.

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## Teaching Experience

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

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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:**

**Type of Credit Card  
(VISA, MC, AMEX)**

**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:**

