



Certified Welding Educator Program Package

The following documents are included in this package. Please scroll down to view documents or click the [BLUE](#) Link.

TABLE OF CONTENTS

- Certified Welding Educator Program Information
- Welding Inspector Exam Application
- Certified Welding Educator Credentials Form
- [AWS Seminar and Exam Schedule & Price List](#)
- [AWS Exam Cancellation Refund Policies and Other Fees](#)



CWE Program Information

The Certified Welding Educator Program (CWE) is geared for the welding professional specifically in the welding *education* field. This AWS certification confirms your ability, talent and knowledge to specifically direct and perform operations associated with welder training and classroom instruction. The **CWI** and **CWE** exams are identical; however the *Part C: Code Book* portion is **not** a requirement for the **CWE** certification. Both certifications (**CWI** and **CWE**) may be achieved simultaneously. Please check the appropriate box located on the top-left corner of the **CWI/CWE Exam Application** whether you applying for one or both certifications. It is *mandatory* that you also submit the **CWE Welding Instructor Credentials** form along with the **completed** **CWI/CWE Exam Application**.

Listed for your information are the following items. Please review these items carefully before applying for the **CWE** exam:

- QC5-91, *AWS Standard for Certification of Welding Educators*
- AWS Exam Cancellation Refund Policies and other Fees
- Seminars and Examinations Schedule
- AWS Certified Welder Program Brochure
- AWS Price List
- CWI/CWE Exam Application

If you are a current **SCWI**, **CWI** or **CAWI**, *and* you meet the Certified Welding Educator criteria outlined below, no testing is required for the **CWE** certification. Simply complete the **CWE Short Form Application**:

- Teach full or part-time in a classroom environment.
- Hold a valid welder certificate.
- Written recommendation from your teaching supervisor attesting to your teaching qualifications and ability.

The standard application processing time is (6) weeks. Please be advised that you will be notified (6) weeks **AFTER** your application has been submitted. We strongly urge applicants to please allow the (6) weeks processing time so that we at AWS may efficiently and accurately serve your certification needs.

We cannot guarantee space at an exam site if the application is received after the application submission deadline. We understand that sometimes circumstances may result in missing deadlines so a Fast Track Process Fee is available. **APPLICATIONS CANNOT BE FAXED IN**, so please be prompt in submitting your application. We recommend you use priority mail with tracking options when mailing your application. If you choose to mail your application via overnight delivery, please mail directly to: **American Welding Society, Certification Business Unit, 550 NW LeJeune Road, Miami, Florida, 33126. PLEASE RETAIN A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS.**

All checks and money orders should be made payable to AWS. Payments **must** accompany your application. Please provide a copy of the S.E.N.S.E. certificate *or* original letter from your organization, verifying your employment in order to qualify for a discount on fees

If you have questions, please contact the Certification Business Unit at (800) 443-9353, ext. 273.



American Welding Society

550 NW LeJeune Rd Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273

FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

WELDING INSPECTOR EXAM APPLICATION

LAST NAME										FIRST NAME										MI

1. PLEASE INDICATE THE EXAM LOCATION OF YOUR CHOICE:
PLEASE ALLOW 3-4 WEEKS PROCESS TIME. CONFIRMATION LETTERS WILL BE EMAILED UNLESS EMAIL ADDRESS IS NOT INDICATED IN SECTION 6.

1st Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____
 2nd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____
 3rd Site Code: _____ Exam Date: _____ City/State: _____ *Submission Deadline: _____

NOTE: AWS strongly recommends the applicant selects a second and third site location alternative. If the first choice is not available, the next location will be selected. *The application submission deadline is six weeks prior to the scheduled exam date (please see exam schedule for submission deadlines). Applicants who do not meet these criteria must contact the Certification Department for Fast Track processing procedure and an additional fee will apply.

2. PLEASE CHECK AND COMPLETE THE FOLLOWING:

CAWI (only) CWI (only) CWE (only)
 CWI and CWE combo SCWI (only)

YOUR AWS MEMBER # (IF APPLICABLE) _____

Are you employed by an AWS SENSE program participating organization? No Yes

If yes, the Facility name: _____

3. PLEASE SELECT ONE OF THE FOLLOWING FOR YOUR CODE APPLICATION TEST SUBJECT:

AWS D1.1 – Structural Steel Code: 2006, 2008, or 2010 editions
 API-1104 – Pipelines 20th edition with 2007 errata/addenda
** Applicant **must** provide own codebook for the exam.*
 AWS D1.2 – Structural Aluminum Code: 2003 or 2008 edition
Code Clinic not available. Applicant **must provide own codebook for the exam.*
 AWS D1.5 – Bridge Welding Code: 2008 edition
Code Clinic not available. Applicant **must provide own codebook for the exam.*
 AWS D15.1 – Railroad: 2007 edition
Code Clinic not available. Applicant **must provide own codebook for the exam.*
 ASME Sections VIII (Div 1) & IX, (both 2007 editions)
Code Clinic not available. Applicant **must provide own codebook for the exam.*
 ASME Section IX, B31.1 (both 2007 editions), and B31.3 (2006 edition)
Code Clinic not available. Applicant **must provide own codebook for the exam.*

*** SCWI APPLICANTS ONLY ***

AWS B2.1:2005 or 2009; AWS B4.0:2007; AWS QC1:2007; and ASNT SNT-TC-1A:2006 editions only

OPEN BOOK FORMAT

4. PLEASE INDICATE THE FOLLOWING AWS SEMINAR OF YOUR CHOICE OR CHOOSE "NONE" BELOW:
(only for CAWI, CWI and CWE applicants)

D1.1 SEMINAR WEEK PAK
(codebook included)

- D1.1 Code Clinic (Sun, 1 PM – 5 PM & Mon, 8 AM - 12 Noon)
- Welding Inspection Technology Workshop (Tues – Thurs, 8 AM – 5 PM)
- Visual Inspection Workshop (Fri, 8 AM – 5 PM)
- Certification Exam (Sat, 8 AM – 5 PM)

API 1104 SEMINAR WEEK PAK
*(codebook **not** included)*

- API 1104 Code Clinic (Mon. 1 PM – 5 PM)
- Welding Inspection Technology Workshop (Tues – Thurs, 8 AM – 5 PM)
- Visual Inspection Workshop (Fri, 8 AM – 5 PM)
- Certification Exam (Sat, 8 AM – 5 PM)

FOR INDIVIDUAL CODE CLINICS/WORKSHOPS:

D1.1 Code Clinic *(code book not supplied)*
 API-1104 Code Clinic *(code book not supplied)*
 Welding Inspection Technology Workshop
 Visual Inspection Workshop

NONE / EXAMINATION ONLY

<p>5. METHOD OF PAYMENT- ALL CHECKS AND MONEY ORDERS SHOULD BE MADE PAYABLE TO AWS.</p> <p><u>PAYMENT MUST ACCOMPANY YOUR APPLICATION.</u></p> <p><input type="checkbox"/> Check or money order # _____</p> <p><input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/> Diners <input type="checkbox"/> Discover</p> <p>CC#: _____ / _____ / _____ / _____ Exp: _____ / _____</p> <p>SIGNATURE _____</p>	<p><u>AWS USE ONLY</u></p>
	<p>Acct #: _____</p> <p>Date: _____</p> <p>Amt\$: _____</p> <p>QCA/CWE/QCH/QC-COMBO/SCWI</p>

LAST NAME:	FIRST NAME:
------------	-------------

8. EDUCATION LEVEL

CWI, CAWI, CWE APPLICANTS ONLY

PLEASE CHECK THE APPROPRIATE BOX BELOW :
<input type="checkbox"/> High school graduate or achieved GED certificate. CWI and CWE applicants must document five (5) years and CAWI applicants must document two (2) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> Did not graduate high school, but completed the 8th grade. CWI and CWE applicants must document nine (9) years and CAWI applicants must document four (4) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> Did not complete the 8th grade. CWI and CWE applicants must document twelve (12) years and CAWI applicants must document six (6) years of work experience in the Qualifying Work Experience Section below. <i>(Please refer to the AWS B5.1)</i>

Note to CWE applicants: Applicants applying for the CWE examination must be a high school graduate or achieved a GED certificate along with the five years of work experience. You shall also complete the CWE Welding Instructor Credentials Form or submit a written verification letter signed by your teaching supervisor / personnel manager. In addition, a copy of a *valid* AWS Certified Welder ID/Certification card or test record of passing a valid AWS Certified Welder test for the welding process to be taught. For further information regarding the CWE program, please refer to the QC5-91

SCWI APPLICANTS ONLY

PLEASE BE SURE TO MEET THE FOLLOWING REQUIREMENTS:
<input type="checkbox"/> High school graduate or hold a state or military approved high school equivalency diploma. <i>(Please refer to the AWS B5.1)</i>
<input type="checkbox"/> Minimum of fifteen (15) years experience in an occupational function that has a direct relationship to welded assemblies fabricated to national or international standards. <i>(Please refer to the AWS B5.5)</i>
<input type="checkbox"/> Shall have been certified as a CWI for a minimum of six (6) years.

9. ADDITIONAL EDUCATION AND EXPERIENCE: A maximum of two (2) years of post high school education may be substituted for an equal number of years of work experience according to 5.5 of AWS B5.1

<input type="checkbox"/> VoTech credits - MUST attach transcripts of welding related courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum one (1) year work substitution credit <i>only</i> if courses completed and <i>within</i> a curriculum related to welding.
<input type="checkbox"/> College credits - MUST attach transcripts of engineering-level courses or diploma	Circle no. of years attended 0 1 2 3 4	Maximum two (2) years work substitution credit <i>only</i> if the degree is in engineering technology, engineering, or physical science

10. QUALIFYING WORK EXPERIENCE: RESUMES NOT ACCEPTED. THIS SECTION *MUST* BE COMPLETED.

**** NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CWI/CAWI/CWE/SCWI ELIGIBILITY.**

(Initials) I understand that all work experience documented on this application may be verified with both past and present employers.

Company Name	Type of Business	Company Phone Number
Company Street Address		City, State, Zip Code
Supervisor's Name	Title of Immediate Supervisor	
Supervisor's Email Address		Department
Applicant's Job Title	Employed From: (Mo.) (Yr.)	To: (Mo.) (Yr.)
Job Responsibilities- Detailed Description Required*		

LAST NAME:

FIRST NAME:

11. EMPLOYMENT VERIFICATION

** NOTE: THIS SECTION **MUST** TO BE COMPLETED BY A SUPERVISOR OR PERSONNEL MANAGER FROM THE MOST RECENT EMPLOYER. IF **SELF-EMPLOYED** OR **CONTRACT APPLICANT** YOU MUST SUBSTITUTE THIS SECTION WITH A LETTER OF REFERENCE ON COMPANY LETTERHEAD FROM TWO (2) SEPARATE CLIENTS ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE PERIOD OF PERFORMANCE.

IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF THE W2 FORM.

Employee's Last Name: _____ First Name: _____ MI: _____

Employer Name: _____ Phone: () _____

Employer Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

Supervisor / Personnel Manager: _____ Dept/Div: _____

Supervisor / Personnel Manager's Email: _____

I verify that _____ is or was an employee at your company and conducts the duties during the employment periods stated in this application? NO YES

Name: _____ Title: _____

Signature: _____ Date: _____

12. TESTIMONIAL: (this section **MUST be completed or application will be rejected)**

CERTIFICATION PROGRAMS

- Certified Welding Inspector Senior Certified Welding Inspector 9-Yr Re-Certification
QC1:2007 Standard for the AWS Certification of Welding Inspectors & B5.1:2003 Specification for the Qualification of Welding Inspectors
- Certified Welding Educator
QC5:1991 AWS Standard for the Certification of Welding Educators & B5.5:2000 Specification for the Qualification of Welding Educators
- Certified Welding Supervisor
QC13:2006 Specification for the Certification of Welding Supervisors & B5.9:2006 Specification for the Qualification of Welding Supervisors
- Certified Radiographic Interpreter
QC15:2008 Specification for the Certification of Radiographic Interpreters & B5.15:2003 Specification for the Qualification of Radiographic Interpreters
- Certified Welding Sales Representative
B5.14:2009 Specification for the Qualification of Welding Sales Representative & QC14:2009 Specification for the Certification of Welding Sales Representative

(Applicants must read and sign the following statement in front of a notary)

I hereby certify that I have read the standard requirements contained in the certification programs indicated above. Further, I agree to comply with the existing requirements and any subsequent requirements that may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statements will nullify this application. I give AWS permission to verify this information. I agree to comply with the provisions set forth in the Standard concerning the administration of my examination and certification. Upon obtaining my certification, I give AWS the right to reveal my certification status as it relates to my validity and expiration date only. I further understand that any required information that is incomplete or missing will cancel this registration.

Furthermore, I certify that I have not obtained any exam materials, have no prior knowledge of the AWS exam questions or answers, and have not and will not accept any solicitation for the AWS exam questions or answers from anyone at any time before or after the exam. I understand that a violation of this oath may be grounds for invalidation of my certification.

Applicant's Signature _____ Date: _____

THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY PUBLIC

Sworn to and subscribed before me this _____ day of _____ 20____.

My commission expires _____ Notary Public Signature _____ (seal and/or stamp is **REQUIRED**)



American Welding Society

550 NW LeJeune Rd Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273

FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

**CWE WELDING
INSTRUCTOR CREDENTIALS**

CWE APPLICANTS: PLEASE HAVE THIS FORM COMPLETED BY YOUR TEACHING SUPERVISOR OR PERSONNEL MANAGER WHICH MAY BE SUBSTITUTED WITH A WRITTEN VERIFICATION LETTER SIGNED. ALSO, A COPY OF A VALID AWS CERTIFIED WELDER ID/CERTIFICATION CARD OR ITS EQUAL, OR SHALL PASS A VALID AWS CERTIFIED WELDER TEST, FOR THE WELDING PROCESS TO BE TAUGHT MUST ACCOMPANY THIS FORM FOR NEW CWE APPLICANTS.

Name of Applicant: _____

CHECK: University 4-YR College 2-YR College Vo-Tech High School Private or Union Company

Institution Name: _____

Institution Address: _____

City: _____ ST/Prov.: _____ Zip: _____ Country: _____

A. STATEMENT OF INSTRUCTIONAL METHODS REQUIRED AT THIS INSTITUTION

List the subjects/processes that you teach at your institution/company. For each subject/process, provide information on the duration of training and how much time is spent between classroom and laboratory. Describe how students in your courses are evaluated and what documentation is furnished to track the completion of instruction at your institution. Also describe how you as an instructor are evaluated.

B. CONFIRMATION OF INSTRUCTIONAL METHOD DELIVERY

The applicant's administrator, direct supervisor or personnel manager shall provide a brief statement attesting to the accuracy of the above description of the applicant's performance as a welding educator, followed by a formal recommendation for certification as an AWS Certified Welding Educator.

**** NOTE: SELF-EMPLOYED OR CONTRACT APPLICANTS, IN LIEU OF THIS SECTION, MUST PROVIDE TWO LETTERS OF REFERENCE ON COMPANY LETTERHEAD FROM SEPARATE CLIENTS, ATTESTING TO THE NATURE OF WORK ASSIGNMENTS DURING THE PERIOD OF PERFORMANCE. IF THE EMPLOYER IS NO LONGER IN BUSINESS, PLEASE INCLUDE A COPY OF THE W2 FORM.**

I recommend that _____ be recognized for certification as an AWS Certified Welding Educator.

NAME (PRINT) _____ SIGNATURE _____

TITLE _____ DATE _____