

## Application for Accredited Skill Evaluator [ASE]



Confidentiality of Information: Information supplied by an individual or employer is for the confidential use of the Woodwork Career Alliance and will not be disclosed without the written permission of the individual or employer concerned. This application should be submitted to an Administrator of the Woodwork Career Alliance [WCA]. Administrator verifies Application completeness, maintains a copy for the local WCA Administration file, and submits to the Secretary of the WCA.

Upon acceptance the Applicant will be eligible to enroll in and complete ASE training.  
Type or print legibly. Inaccuracies on this form may be reflected in permanent records.

### WCA Skill Evaluator Requirements:

- Evaluators may be skilled tradespersons, machinery technicians, production supervisors, woodworking educators, or anyone possessing expertise in the skills being evaluated and meeting the WCA criteria.
  1. Individuals may apply for or be nominated by Members of the WCA board, or associated industry partners, to be an Accredited Skill Evaluator.
  2. Skill Evaluators will be required to sign a professional ethics agreement (below).
  3. Skill Evaluators will complete a training process which includes a face to face component.
  4. Skill Evaluators agree to receive, read, and act on WCA email contact to maintain active status.

Name (PRINT first, middle, last): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Employer or School: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title or Position: \_\_\_\_\_

Organization Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

By signing this application, I verify that a medical professional has found me physically qualified to operate woodworking machinery and tools. I also acknowledge that I have received training in safely operating the woodworking tools and machines for which I seek credentials.

I further agree to the following ethics and conditions:

- a) to comply with the relevant provisions of the WCA Credentialing program,
- b) to only make claims regarding WCA credentialing and stamps earned from the WCA,
- c) to never use WCA credentials in a misleading or unauthorized manner,
- d) to return WCA credentials and discontinue claims upon suspension or withdrawal, and
- e) to never intentionally bring disrespect or disrepute to WCA through my actions.

In addition, I agree to abide by the conditions of accreditation and agree to inform the Secretary of the WCA of any changes affecting the status of my employment or accreditation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email to: Secretary of the WCA, gheuer@woodworkcareer.org (or)

Mail to: Woodwork Career Alliance, P.O. Box 636, Nellysford, VA 22958-0636 (or)

Courier, UPS, FedEx to: Woodwork Career Alliance, 189 Dogwood Lane, Nellysford, VA 22958

Office Phone: (434) 298-4650