



Certified Radiographic Interpreter Recertification Program

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CERTIFIED RADIOGRAPHIC INTERPRETER (CRI) RECERTIFICATION PROGRAM INFORMATION

Recertification is required every three years for continuing your CRI certification according to the AWS QC15, *Specification for the Certification of Radiographic Interpreter* (Refer to section 7). Please complete the application and submit it to AWS before your certification expiration date. The application may be submitted up to six months prior to the current expiration. Every ninth year, recertification requires retesting on the full exam as noted in AWS QC15.

Please be aware that it is your responsibility to recertify before your certification expires. If you fail to recertify before the expiration date, your certification is expired on your expiration date. If you exceed the 60-day administrative extension period (from your expiration date), you will not be allowed to recertify and you will be required to test on all three parts of the Certified Radiographic Interpreter examination to be recertified.

To qualify, recertification applicants must provide evidence of continuous satisfactory technical performance as defined in AWS B5.15, *Specification for the Qualification of Radiographic Interpreters* and QC15, *Specification for the Certification of Radiographic Interpreter*.

Additionally, you must also provide a current Visual Acuity Record with your application. The Visual Acuity Record cannot be dated more than seven months prior to your current certification expiration date.

INTERNATIONAL AND DOMESTIC RECERTIFICATION APPLICANTS:

Please be aware that it is **MANDATORY** that all applications are notarized. There will be **NO EXCEPTIONS** to this rule. Applications without proper notarizations will not be processed.

RECERTIFICATION FEES:

Please refer to the AWS Certification Price List for all applicable fees. All checks and money orders should be made payable to AWS. Payment must accompany your application.

The standard application processing time is six weeks. 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. Please send your application package to:

American Welding Society
550 NW LeJeune Road
Miami, Florida 33126

PLEASE RETAIN A COPY OF YOUR COMPLETED APPLICATION FOR YOUR RECORDS.

If you have questions, please call us at (800) 443-9353, extension 273.



American Welding Society

550 N.W. LeJeune Road, Miami, FL 33126
(800) 443-9353 or (305) 443-9353, ext. 273

FAXED OR EMAILED APPLICATIONS ARE NOT ACCEPTED

CERTIFIED RADIOGRAPHIC INTERPRETER RENEWAL/RECERTIFICATION APPLICATION

PLEASE CHECK AND COMPLETE THE FOLLOWING:

RENEWAL RECERTIFICATION

YOUR ORIGINAL AWS MEMBER # _____

YOUR CERTIFICATION # _____

LAST NAME

FIRST NAME

MI

COMPANY NAME (ONLY IF COMPANY ADDRESS IS SHOWN BELOW)

ADDRESS (COMPANY OR PERSONAL)

CITY AND STATE

ZIP CODE

U.S. SOCIAL SECURITY NUMBER

DATE OF BIRTH MM/DD/YY

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

FAX TELEPHONE NUMBER

E-MAIL (CONFIRMATION NOTIFICATION WILL BE SENT TO THIS ADDRESS)

METHOD OF PAYMENT

Check # _____

Bill PO (Staple PO to front page of application)

VISA MC AMEX Diners Discover

Credit Card

Expiration Date

Mo

Yr

Signature

AWS USE ONLY

Date _____

Acc't # _____

Amt \$ _____ RIP

PLEASE INDICATE THE FOLLOWING: SEMINAR AND EXAM EXAM ONLY SEMINAR ONLY

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 that the applicant select 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 (6) weeks prior to the scheduled exam date. Applications that do not meet this criteria will be assessed a \$250 Fast Track fee to expedite the process and to accommodate the exam site requested. Please contact the Certification Department regarding this procedure.

ASSOCIATIONS

Type of Business (Check ONE only)

- A Contract construction
- B Chemicals & allied products
- C Petroleum & coal industries
- D Primary metal industries
- E Fabricated metal products
- F Machinery except elect. (incl. gas welding)
- G Electrical equip. supplies, electrodes
- H Transportation equip. - air, aerospace
- I Transportation equip. - automotive
- J Transportation equip. - boats, ships
- K Transportation equip. - railroad
- L Utilities
- M Welding distributors & retail trade
- N Misc. repair services (incl. welding shops)
- O Educational services (univ. libraries, schools)
- P Engr. & architectural services (incl. assns.)
- Q Misc. business services (incl. commercial labs)
- R Governments (federal, state, local)
- S other _____

Job Classification (Check ONE only)

- 01 President, owner, partner, officer
- 02 Manager, director, superintendent
(or assistant)
- 03 Sales
- 04 Purchasing
- 05 Engineer — welding
- 06 Engineer — other
- 07 Inspector, tester
- 08 Supervisor, foreman
- 09 Welder, welding or cutting operator
- 10 Architect, designer
- 11 Consultant
- 12 Metallurgist
- 13 Research & development
- 14 Technician
- 15 Educator
- 16 Student
- 17 Librarian
- 18 Customer service
- 19 Other _____

Your Technical Interests

(Place a number on line in choice order — 1-2-3, etc.)

- A _____ Ferrous metals
- B _____ Aluminum
- C _____ Non-ferrous except aluminum
- D _____ Advanced materials/intermetallics
- E _____ Ceramics
- F _____ High energy Processes
- G _____ Arc Welding
- H _____ Brazing & Soldering
- I _____ Resistance Welding
- J _____ Thermal Spray
- K _____ Cutting
- L _____ NDT
- M _____ Safety & Health
- N _____ Pipe & Tubing
- O _____ Pressure Vessels & Tanks
- P _____ Structures
- Q _____ Roll Forming
- R _____ Sheet metal
- S _____ Stamping & punching
- T _____ Bending & shearing
- U _____ Aerospace
- V _____ Automotive
- W _____ Machinery
- X _____ Marine
- Y _____ Other

EXPERIENCE RECORDS

The period of validity for the AWS CRI is three (3) years. To be eligible for recertification, the CRI must provide evidence of continuous satisfactory technical performance by performing the following:

- Submit evidence of a current satisfactory vision examination.
- The CRI must satisfy at least **one** the following:
 - 1) Submit documented evidence of at least 2 months (350 hours) experience performing specific duties of a CRI as described in AWS B5.15. The documentation must be attested to by the employer or client for whom the duties were performed. This experience shall have been performed during the immediate preceding three-year certification.
 - 2) Submit documented evidence of at least 4 weeks (160 hours) of teaching experience in radiographic interpretation covering the body of knowledge as described in AWS B5.15. The documentation must be attested to by the employer or client for whom the teaching was performed.
- Successfully complete the current practical (film interpretation) examination.
- At least every 9 years, the CRI must successfully complete all of the examinations described in AWS B5.15, section 6.

(REPRODUCE THIS FORM AS NECESSARY TO RECORD THE CLAIMED EXPERIENCE.)

QUALIFYING WORK EXPERIENCE – RESUMES NOT ACCEPTED

**** NOTE: PLEASE DUPLICATE THIS SECTION FOR EACH ADDITIONAL EMPLOYER IN ORDER TO MEET THE QUALIFYING WORK EXPERIENCE REQUIREMENTS FOR CRI ELIGIBILITY.**

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

Company Name: _____ Phone: (____) _____

Mailing Address: _____

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

Supervisor / Personnel Manager: _____ Dept/Div.: _____

Supervisor / Personnel Manager's E-mail: _____

<i>JOB TITLE: (only for the employer listed above)</i>	FROM MONTH/YEAR	TO MONTH/YEAR

Supervisor's Name: _____ Title: _____

Supervisor's Signature: _____ Date: _____

VISUAL ACUITY

All applicants must submit evidence of visual acuity as noted on a completed AWS Visual Acuity Form that must be attached to this application dated no more than seven (7) months prior to the date of the certification examinations.

PHOTOGRAPHIC IDENTIFICATION

Applicants for the AWS Radiographic Interpreter certification must submit two (2) passport-style color photographs stapled to this application. Please print and sign your name on the reverse of each photograph.

NOTORIZATION

I hereby certify that I have read the requirements contained in the AWS B5.15:2003, *Specification for the Qualification of Radiographic Interpreters*. Further, I agree to comply with the existing requirements and any subsequent requirements, which may be instituted by AWS. I certify that the information I have included on this application is true; I understand that any false statement will nullify this application; I give permission to AWS to verify this information.

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 APPLICATIONS ARE NOT ACCEPTED

VISUAL ACUITY RECORD

LAST NAME : _____ Certification # (if applicable) : _____

FIRST NAME : _____ MEMBER # (if applicable) : _____

If scheduled to take an AWS certification exam, site location: _____ Date _____

TO APPLICANTS:

This form must be submitted for all Welding Inspector and Radiographic Interpreter applications. Applicants for the Certified Welding Educator only are not required to complete this form.

Before submitting this form with your application to AWS, be sure to keep a copy for your records. If you're unable to supply a completed Visual Acuity Record with your application prior to a submission deadline, you may forward this form to the Certification Department separately. Exam applicants may submit completed Visual Acuity Records on exam day. AWS will not release exam results and/or certification renewal without a completed Visual Acuity Record on file.

You must use the services of an Ophthalmologist, Optometrist, Medical Doctor, Registered Nurse or Certified Physician's Assistant to administer your required eye examination. The examination must occur within the seven months prior to the scheduled date of the applicant's examination and/or certification expiration date.

All applicants must pass an eye examination, with or without corrective lenses, to prove near vision acuity on Jaeger J2 at 12 in. or greater (≥ 30.5 cm). All applicants shall take a color perception test. Eye examination results must be documented on this visual acuity form supplied by the AWS Certification Department. No other forms will be accepted.

AWS will not accept visual acuity test results that are incomplete or do not comply with regulations.

THE FOLLOWING THREE SECTIONS ARE TO BE COMPLETED BY THE EYE EXAMINER

1. Please verify the customer's close vision acuity to Jaeger J2 specifications at a distance of 12 inches or greater (≥ 30.5 cm): (please check one of the following)		AWS use only
<input type="checkbox"/>	Both eyes require corrected vision to J2	W
<input type="checkbox"/>	Only one eye needs corrected vision to J2	W
<input type="checkbox"/>	No correction is required.	O

2. Through a color perception examination, is the applicant colorblind? (please check one of the following)		AWS use only
<input type="checkbox"/>	No, customer is not colorblind	C
<input type="checkbox"/>	Yes, customer is colorblind.	B

3. PLEASE PRINT CLEARLY

CUSTOMER NAME: _____ DATE OF EYE EXAMINATION: _____

EXAMINER NAME: _____ TELEPHONE NUMBER: () _____ - _____

EXAMINER ADDRESS: _____

CITY: _____ ST/PROVINCE: _____ ZIP: _____ COUNTRY: _____

EXAMINER PROFESSIONAL STATUS BY (please check only one):

Ophthalmologist Optometrist Medical Doctor Registered Nurse Certified Physician's Assistant

EXAMINER SIGNATURE: _____ STATE/PROV. LICENSE NUMBER: _____



2009 AWS CERTIFICATION PRICE LIST****

	CURRENT MEMBER RATE	NON- MEMBER RATE ***
EXAMINATION ONLY		
CWI,CAWI or SCWI Examination	800	1015
CWI by Reciprocity with CWB (Canadian Welding Bureau)	500	715
CWI by Reciprocity with CSWIP with Part B Bridging Exam	500	715
Supplemental Inspection Examination (SIE/Endorsement)	275	490
Certified Welding Inspector (CWI) and Certified Welding Educator (CWE) Examination Combo	885	1100
CWI and CWE Combo (Participants of AWS SENSE Program only)	470	685
Certified Welding Educator (CWE) Examination	635	850
Certified Welding Educator – Non- examination (Current or previously achieved CWI/CAWI certification)	360	575
Certified Welding Educator (Participants of AWS SENSE program)	275	490
Certified Radiographic Interpreter (CRI) Examination	750	965
Certified Welding Supervisor (CWS) Examination	400	*480
Certified Welding Engineer (CWEng) Part 1 and Part 2 Examination	400	*480
Certified Welding Engineer Part 3 and Part 4 Examination	400	*480
Certified Welding Engineer by PE Exemption (without examinations)	350	565
SCWI Examination and CWI Renewal Combo (including 9-year)	800	1015
Certified Robotic Arc Welding Technician/Operator (CRAW-T/O)	275	490
RE-EXAMINATION FEES		
SCWI, CWI– (all parts)	595	810
SCWI, CWI– (per part)	275	**275
Certified Welding Educator	315	530
Certified Radiographic Interpreter (per part)	275	**275
Certified Welding Supervisor (per part)	275	**275
Certified Welding Engineer Part 1 or Part 2 (per part)	200	*280
Certified Welding Engineer Part 3 or Part 4 (per part)	200	*280
Certified Robotic Arc Welding Technician/Operator	275	490
RENEWAL FEES		
CWI or SCWI (CAWIs <u>not</u> eligible)	445	660
CAWI to CWI Upgrade; Non- examination – (CAWI applicants who originally passed with CWI scores)	240	455
CWI by CWB (Canadian Welding Bureau) Reciprocity	405	620
Certified Welding Educator (CWE)	305	520
Certified Welding Educator (Participants of AWS SENSE program)	200	415
Certified Radiographic Interpreter (CRI)	445	660

	CURRENT MEMBER RATE	NON- MEMBER RATE ***
RENEWAL FEES (CONT'D)		
Certified Welding Supervisor	305	*385
Certified Welding Engineer	445	660
Certified Robotic Arc Welding Technician/Operator	200	415
9-YEAR RECERTIFICATION FEES (CWI and SCWI)		
9-year Recertification - by Part B exam, <u>or</u> by exemption by continuing education credit, <u>or</u> by having taken an SIE (endorsement) during 9-year period	595	810
9-year Recertification - by taking a Supplemental Inspection Exam (SIE/Endorsement) at the time of recertification	870	1085
9-year Recertification Course (offered by AWS Education)	1625	1840
SEMINAR / EXAM PACKAGES		
D1.1 Seminar and Exam Pak (D1.1 Code Clinic, Welding Inspection Technology and Visual Inspection Workshops, and Exam; D1.1 codebook included)	2080	2295
API 1104 Seminar and Exam Pak (API-1104 Code Clinic, Welding Inspection Technology and Visual Inspection Workshops, and Exam; API 1104 codebook <u>NOT</u> included)	1855	2070
Additional cost added to prices above if applying for CWI and CWE Examination Combo: \$140		
Visual Inspection Workshop and CWI 9-year Recertification Examination	1090	1305
Radiographic Interpreter Seminar and Examination	1675	1890
Certified Welding Supervisor Seminar and Examination	1550	*1630
CODE CLINICS, WORKSHOPS & SEMINARS ONLY		
AWS D1.1 Code Clinic (CWI Part C Code Application; codebook <u>NOT</u> included)	375	590
AWS API-1104 Code Clinic (CWI Part C Code Application. codebook <u>NOT</u> included)	335	550
AWS Welding Inspection Technology Workshop (CWI Part A Fundamentals)	440	655
AWS Visual Inspection Workshop (CWI Part B Practical)	515	730
D1.1 Seminar Week Pak (D1.1 Code Clinic, Welding Inspection Technology and Visual Inspection Workshops; D1.1 codebook included)	1585	1800
API 1104 Seminar Week Pak (API-1104 Code Clinic, Welding Inspection Technology and Visual Inspection Workshops; API 1104 codebook <u>NOT</u> included)	1205	1420
WIT and VIW Workshops	880	1095
AWS Radiographic Interpreter Week Seminar	1340	1555
AWS Certified Welding Supervisor Week Seminar	1250	*1330

PRICES ARE SUBJECT TO CHANGE

* Non-member price includes a one-year AWS Individual Membership.

** No additional membership included with this price.

*** Non-member price includes a three-year AWS Individual Membership unless otherwise noted.

**** Application submission deadline is six weeks prior to the scheduled exam date.

Application received after the submission deadline will be assessed a \$250 Fast Track fee.



AWS EXAM CANCELLATION REFUND POLICIES AND OTHER FEES

CANCELLATION REFUND POLICY FOR SEMINAR ONLY

Cancellations must be in writing and received two weeks prior to the first day of the seminar. Registrants will be refunded in full, less a **\$75 administrative fee**. If your cancellation notice is received less than two weeks prior to the seminar, you will be refunded your registration fee, less **\$175 administrative fee**. Substitutions or transfers to another site with two weeks notice are complimentary. No shows forfeit all registration fees.

CANCELLATION REFUND POLICY FOR BOTH SEMINAR AND EXAM

Cancellations must be in writing and received 2 weeks prior to the first day of the seminar. Registrants will be refunded in full, less a **\$75 administrative fee**. Registrants canceling less than 2 weeks before the first day of the seminar will be refunded the registration fee less a **\$315 administrative fee**. No shows forfeit all fees. AWS reserves the right to cancel any exam preparation seminar and/or exam if there are an insufficient number of participants. In the event of cancellation by AWS, all fees will be refunded in full, or the participant may transfer to the next available seminar. In either case, AWS shall have no further liability.

CANCELLATION REFUND POLICY FOR EXAM ONLY

The Certification Business Unit **MUST** receive cancellation Request Forms no later than 2 weeks prior to the exam date. If your cancellation is received less than 2 weeks prior, you will be refunded the full amount less a **\$140 exam cancellation fee**.

PROCESSING FEE

Included with all certification exam prices, there is a **\$75 processing fee**. If you do not qualify to sit for the AWS certification exam, you will be refunded in full less a **\$75 processing fee**.

FAST TRACK PROCESS FEE

Application Submission Deadline is 6 weeks prior to the scheduled test date. However, if your application is received after the 6 weeks period, AWS will expedite your application process in order to accommodate you for your requested test site. A **\$250 Fast Track Process Fee** will be assessed for this service. Please note that AWS cannot guarantee space at a test site once test materials have been shipped.

RESCHEDULING EXAM FEE

Once an application is qualified and processed, a **\$140 rescheduling fee** will be assessed if an applicant requests a test site change within 2 weeks of the exam date. A Request to Change Test Site Location Form must be completed and received by the Certification Business Unit within 2 weeks of the exam date.

EXAM NO SHOW PENALTY FEE

If an individual fails to cancel, he/she agrees to forfeit all fees.

AWS RECOMMENDS YOU USE PRIORITY MAIL WITH TRACKING OPTION WHEN SUBMITTING YOUR APPLICATION.

FEES ARE SUBJECT TO CHANGE WITHOUT NOTICE

In accordance with the **Americans with Disabilities Act (ADA)**, AWS strives to accommodate all participants with special needs. If you require assistance, please inform the AWS Certification Department, (800) 443-9353, ext. 273, well in advance of the date of the exam.