



2024 Candidate Application

*for*

# Certification in Clinical Engineering

*by the*

Healthcare Technology Certification Commission

*Program Sponsored by the*

American College of Clinical Engineering

*Examination Conducted by the*

United States Board of Examiners for Certification in Clinical Engineering

*or the*

Canadian Board of Examiners for Certification in Clinical Engineering

**Application Deadline:**

July 19, 2024

**Written Examination Dates:**

November 2, 2024

*thru*

November 16, 2024



Healthcare Technology Certification Commission  
5200 Butler Pike  
Plymouth Meeting, PA 19462-1298  
Phone: 610-567-1300  
Email: [certification@accenet.org](mailto:certification@accenet.org)

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## GENERAL INFORMATION

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Clinical engineering certification is a three-step process administered by the United States (US) and Canadian Board of Examiners, which involves: (1) application; (2) written examination; and, (3) oral examination.

- 1. APPLICATION** – Applicants must have complete applications with all the required documentation submitted electronically, including all forms, transcripts, international degree equivalency evaluation (if applicable), reference statements, and fee payment received by the application deadline. Applications will be considered incomplete if any of the required documentation is not received by the application deadline, including OFFICIAL TRANSCRIPTS and REFERENCES.
  - ✓ **FORMS:** Complete and submit the enclosed application forms (Part I, Part II, and Certification Renewal Policy), along with a current resume or curriculum vitae (CV), to the Healthcare Technology Certification Commission (HTCC) via email at: [certification@accenet.org](mailto:certification@accenet.org). Please ensure all application forms are complete and the policy statement is signed and dated. Applications will be considered incomplete if any of the forms are missing information and required documentation is not received by the application deadline. Applicants with incomplete applications will be deemed ineligible for this application period.  
*NOTE: If deemed eligible, the two-page machine readable form (Part I) will be forwarded to Professional Testing Corporation (PTC).*
  - ✓ **OFFICIAL TRANSCRIPTS** (not required for Canadian Candidates): Request official transcripts from your college or university to be sent directly to HTCC. Only official transcripts provided by a college or university directly to HTCC will be accepted. Transcripts are required from an ABET Engineering Accreditation Commission (ABET/EAC)-accredited engineering program or an ABET Engineering Technology Accreditation Commission (ABET/ETAC)-accredited engineering technology program at the bachelor-level or higher. If the most advanced degree is from an ABET/EAC-accredited program, transcripts for this degree are required, but transcripts for lesser degrees are not required. To confirm a program's accreditation, please use the ABET-Accredited Program Search at: [www.abet.org](http://www.abet.org). International degrees may be accepted if an equivalency from a third-party evaluation agency is provided. The third-party evaluation agency must be a member of the National Association of Credential Evaluation Services (NACES). Current NACES members are listed at: [www.NACES.org](http://www.NACES.org). Applicants with international degrees must request a document by document evaluation. Any expense incurred in establishing equivalency will be borne by the applicant. Applicants are responsible for ensuring official

transcripts are received by HTCC and, if applicable, international degree equivalency is evaluated by the application deadline. Applications will be considered incomplete if any of the required documentation is not received by the application deadline and applicants will be deemed ineligible for this application period.

- ✓ **REFERENCES:** Three Confidential Reference Statements are required as part of this Application from three different professional references that can attest to your clinical engineering experience and abilities. References cannot be family members, friends, other applicants actively seeking clinical engineering certification or individuals involved with the certification process. References must hold a position that allows them to attest to the applicant's engineering and/or clinical engineering experience and provide credible testament to the applicant's work experience, which may include, but is not limited to: healthcare technology management (HTM) professionals, hospital administrators, department managers, physicians, nurses, allied health professionals, engineers, information technology (IT) specialists, risk management, compliance, finance, and supply chain/sourcing. All references must come from individuals with different roles and backgrounds in your professional setting. Instruct your references to complete the form electronically and return the completed form directly to HTCC by the application deadline via email at: [certification@accenet.org](mailto:certification@accenet.org). Applicants are responsible for ensuring all three Confidential Reference Statements are received by HTCC directly from the reference by the application deadline. Confidential Reference Statements provided by the applicant will not be accepted. Applications will be considered incomplete if any of the required documentation is not received by the application deadline and applicants will be deemed ineligible for this application period.
  
- ✓ **FEE:** Pay the application fee of \$475 USD. Payment can be made by check or money order payable to ACCE, or securely online via PayPal® (Visa, MasterCard, Discover, and American Express accepted) at <http://accenet.org/CECertification/Pages/Default.aspx>.  
*NOTE: If deemed ineligible, or the application is incomplete or withdrawn, the application fee will be refunded, less a processing fee of \$150 USD.*

Only complete applications received by HTCC by the application deadline will be forwarded to the US or Canadian Board of Examiners for Certification in Clinical Engineering (Board) for review. Once the Board has reviewed and evaluated your complete application, HTCC will notify you of your certification eligibility status at least one month prior to the scheduled written examination dates.

Applicants may withdraw their application by notifying HTCC, in writing, via email at: [certification@accenet.org](mailto:certification@accenet.org). Applications that are withdrawn, incomplete or deemed ineligible will not be carried over into subsequent application review cycles, rather a new application must be completed. Application fees for applications that are withdrawn, incomplete or deemed ineligible will not be carried forward and will be refunded, less a processing fee.

2. **WRITTEN EXAMINATION** – Candidates will be notified by HTCC if the Board deems the applicant eligible for the written examination. The written examination consists of 150 multiple-choice questions, which must be completed within four hours. The questions are based on the ACCE *Body of Knowledge* survey for clinical engineering practice.

Prior to the testing period, you will be emailed a Scheduling Authorization from [notices@ptcny.com](mailto:notices@ptcny.com). Please ensure you enter your correct email address on the application and add the 'ptcny.com' domain to your email safe list. If you have been notified by HTCC that you are eligible for the written examination and you do not receive a Scheduling Authorization at least six weeks before the beginning of the testing period, contact the PTC at (212) 356-0660 or online at [www.ptcny.com/contact](http://www.ptcny.com/contact). The Scheduling Authorization will indicate how to schedule your examination appointment with Prometric as well as the dates during which testing is available.

The written examination is administered daily (Monday through Saturday, excluding holidays) during a two-week testing window that occurs annually at computer-based testing facilities managed by Prometric. The written examination dates are listed on the Cover Page of this document for this application period. The written examination must be taken within two examination cycles after receiving eligibility notice; otherwise, the eligible application is forfeited, and the candidate is required to restart the certification process by submitting a new application.

Following the completion of the written examination cycle, HTCC will notify candidates of their results. If the candidate does not pass the written examination, one retest is allowed after a minimum six-month waiting period at the next written examination offering. The fee for retesting is \$175 USD. Candidates that do not pass the retest or fail to take the retest at the next written examination offering will forfeit all fees paid and must restart the certification process by submitting a new application.

- 3. ORAL EXAMINATION** – Candidates will be contacted by HTCC to schedule the oral examination following successful completion of the written examination. The oral examination questions will be selected from the same content areas as the written examination. The oral examination consists of three scenarios with corresponding questions to be delivered and answered in 1 ¾ hours. The oral examination must be taken within two oral examination offerings from when the candidate is notified of successful completion of the written examination; otherwise, the eligible application is forfeited, and the candidate is required to restart the certification process by submitting a new application.

If the candidate does not pass the oral examination, one retest is allowed after a minimum six-month waiting period at the next oral examination offering. The retesting fee for the oral examination is \$150 USD. Candidates that do not pass the retest or fail to take the retest at the next oral examination offering will forfeit all fees paid and must restart the certification process by submitting a new application.

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## CERTIFICATION

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If the candidate meets all the requirements for certification, the Board shall recommend the candidate for Certification in Clinical Engineering by HTCC. Certification is valid for three years at which time it must be renewed.

To maintain your certification in clinical engineering, you must meet the renewal requirements established by the Board. It is the responsibility of each individual to keep track of their renewal date and notify HTCC of any change in contact information ([certification@accenet.org](mailto:certification@accenet.org)). Requirements for maintaining your certification include the payment of a periodic renewal fee and the accumulation of at least fifteen points of continuing practice activities reported every three years. Individuals wishing to maintain certification and continue to be listed as certified in clinical engineering must submit a renewal application every three years for evaluation against the eligibility criteria established by the CCE Renewal Handbook. Failure to meet or comply with the renewal requirements will result in the revocation of your certification. To regain certification a new application must be submitted, and the complete examination process repeated.

Certification will be revoked for any of the following reasons: falsification of information; misrepresentation of certification status; and/or, other activities deemed by the Board or HTCC to be contrary to the purposes of certification in clinical engineering.

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### **NONDISCRIMINATION POLICY**

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The Board and HTCC adhere to principles of fairness and due process and endorses the principles of equal opportunity. In administering the certification program, those involved in the process shall not discriminate or deny opportunity to anyone on the grounds of gender, age, religion, national or ethnic origin, marital status, veteran status, sexual orientation, or disability. Additionally, the Board and HTCC understand the importance of impartiality in carrying out its certification activities, manages conflict of interest and ensures the objectivity of its certification activities.

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# Application for CLINICAL ENGINEERING CERTIFICATION EXAMINATION

## PART 1

### Eligibility and Background

Select only one choice for each question unless otherwise directed.

**A. ELIGIBILITY OPTION:**

**(USA ONLY)**

Licensure in the United States as a Professional Engineer (PE)

3 or more years of clinical engineering practice

Bachelor of Science (BS)/Bachelor of Engineering (BE) in engineering (ABET/EAC accredited) AND Master of Science (MS) in Engineering/Master of Engineering (ME)

3 or more years of clinical engineering practice

Bachelor of Science (BS)/Bachelor of Engineering (BE) in engineering (ABET/EAC accredited)

4 or more years of clinical engineering practice

Any Bachelor's degree AND Master of Science (MS) degree in Engineering/Master of Engineering (ME). No ABET/EAC accreditation required

4 or more years of clinical engineering practice

Bachelor of Science in Engineering Technology (BSET) degree in engineering technology (TAC/ABET accredited program)

5 or more years of clinical engineering practice

**(CANADA ONLY)**

Licensure in Canada as a Professional Engineer (P.Eng or Ing.)

3 or more years of clinical engineering practice

**B. PERCENT OF WORKING TIME CURRENTLY SPENT IN CLINICAL ENGINEERING:**

Less than 25%      25 to 75%      More than 75%

**C. YEARS OF EXPERIENCE IN CLINICAL ENGINEERING:**

- Three
- Four to five
- Six to ten
- More than ten

**D. WORK SETTING:**

- Hospital
- Manufacturer
- Regulatory agency
- Educator
- Other (please specify)

**E. EMPLOYER RECOGNIZES CERTIFICATION IN CLINICAL ENGINEERING IN POSITION DESCRIPTIONS, TITLES, PROMOTIONS AND COMPENSATION?**

No      Yes

**F. HIGHEST ACADEMIC LEVEL ATTAINED:**

- Bachelor's Degree - science/engineering
- Master's Degree - science/engineering
- Master's Degree - other
- Doctorate Degree - science/engineering
- Doctorate Degree - other
- None

**G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?**

No      Yes

*If yes, indicate month, year, and name under which the examination was taken.*

Date (month/year):

Name:

### Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

**Race:**

- African American
- Native American
- Asian
- White
- Hispanic
- No Response

**Age Range:**

- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

**Gender:**

- Male
- Female

Office Use

1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0

### Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

**CANDIDATE SIGNATURE:**

**DATE:**







Healthcare Technology Certification Commission  
 5200 Butler Pike  
 Plymouth Meeting, PA 19462-1298  
 Phone: 610-567-1300  
 Email: [certification@accenet.org](mailto:certification@accenet.org)

## PART II

### APPLICATION FOR CERTIFICATION IN CLINICAL ENGINEERING

#### INSTRUCTIONS

*This application will be treated as confidential. The application must be legible to be considered by the Board. The application is available at <http://accenet.org/CECertification/Pages/Default.aspx>.*

Review the current Candidate Handbook for Certification in Clinical Engineering prior to completing the application. Read the instructions for each application section carefully. Failure to provide complete information will result in delays in processing your application.

Include the \$475 USD application fee made payable to the “ACCE” with your application. Applications received without payment will not be processed. Payment made by credit cards are accepted online securely through PayPal®. Please visit our website at <http://accenet.org/CECertification/Pages/CCEApplicationFee.aspx> to submit payment.

Direct all correspondence and inquires to [certification@accenet.org](mailto:certification@accenet.org).

<b>NAME (Please enter your legal name):</b>
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**Please attach one (1) good quality photocopy of a government issued photo identification.**

HOME ADDRESS		BUSINESS ADDRESS	
Address:		Employer:	
		Department:	
City:		Address:	
State:	Zip:		
Home Phone:	Fax:	City:	
Cell Phone:		State:	Zip:
Personal Email:		Business Phone:	Fax:
CORRESPONDENCE SHOULD BE SENT TO YOUR		Business Email:	
(Check One)      HOME      BUSINESS			



*Please complete the following sections on Education and Employment history and attach your resume or curriculum vitae (CV) detailing all the requested information.*

**EDUCATION:**

Please have your school(s) send official transcripts directly to the Healthcare Technology Certification Commission. Student copies of the transcripts are NOT acceptable.

<b>Name of College:</b>
<b>Location:</b>
<b>Field of Study:</b>
<b>Dates of Attendance:</b> <b>From:</b> _____ <b>To:</b> _____
<b>Degree Granted:</b>

<b>Name of College:</b>
<b>Location:</b>
<b>Field of Study:</b>
<b>Dates of Attendance:</b> <b>From:</b> _____ <b>To:</b> _____
<b>Degree Granted:</b>

<b>Name of College:</b>
<b>Location:</b>
<b>Field of Study:</b>
<b>Dates of Attendance:</b> <b>From:</b> _____ <b>To:</b> _____
<b>Degree Granted:</b>

**EMPLOYMENT HISTORY:**

Begin with your current employer and account for each year of experience, which supports your eligibility. You must include the start month and end month of employment. This form must be completed.

<b>Dates of Employment:</b>	
<b>From (month/year):</b>	<b>To (month/year):</b>
<b>Employer:</b>	
<b>Street Address:</b>	
<b>City, State and Zip Code:</b>	
<b>Title of your Position:</b>	
<b>Description of Duties and Responsibilities:</b>	
<b>Does this employer recognize certification in clinical engineering in position descriptions, titles, promotions and compensation?</b>	
<b>Yes</b>	<b>No</b>

**EMPLOYMENT HISTORY (continued):**

Please provide all relevant employment history, which supports your eligibility. You must include the start month and end month of employment. This additional page is provided if needed. If you have no additional employment history to include, insert "N/A" into the form fields on this page.

<b>Dates of Employment:</b>	
<b>From (month/year):</b>	<b>To (month/year):</b>
<b>Employer:</b>	
<b>Street Address:</b>	
<b>City, State and Zip Code:</b>	
<b>Title of your Position:</b>	
<b>Description of Duties and Responsibilities:</b>	
<b>Does this employer recognize certification in clinical engineering in position descriptions, titles, promotions and compensation?</b>	
<b>Yes</b>	<b>No</b>

**EMPLOYMENT HISTORY (continued):**

Please provide all relevant employment history, which supports your eligibility. You must include the start month and end month of employment. This additional page is provided if needed. If you have no additional employment history to include, insert "N/A" into the form fields on this page.

<b>Dates of Employment:</b>	
<b>From (month/year):</b>	<b>To (month/year):</b>
<b>Employer:</b>	
<b>Street Address:</b>	
<b>City, State and Zip Code:</b>	
<b>Title of your Position:</b>	
<b>Description of Duties and Responsibilities:</b>	
<b>Does this employer recognize certification in clinical engineering in position descriptions, titles, promotions and compensation?</b>	
<b>Yes</b>	<b>No</b>

**OTHER:**

**List professional registrations and certifications you now hold. Provide copies of all supporting documents.**

1.

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2.

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3.

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**List professional or technical societies of which you are currently a member (including length of membership):**

1.

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2.

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3.

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4.

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*NOTE: If you feel that you would like to add other supporting statements, please limit your additional comments to one page (500 words). If you would like to attach additional supporting documents, please limit the attachments to five pages.*

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Phone: 610-567-1300  
Email: [certification@accenet.org](mailto:certification@accenet.org)

## CLINICAL ENGINEERING CERTIFICATION RENEWAL POLICY

Certification in Clinical Engineering is valid for three years at which time it must be renewed. To maintain your certification in clinical engineering, you must meet the renewal requirements established by the United States Board of Examiners for Certification in Clinical Engineering (Board). Requirements for maintaining your certification include the payment of a periodic renewal fee and the accumulation of at least fifteen points of continuing practice activities reported every three years. Activities are recorded in the renewal application supplied by the Board. It is the responsibility of each individual to keep track of their renewal date and notify HTCC of any change in contact information. Failure to meet or comply with the renewal requirements will result in the revocation of your certification. To regain certification a new application must be submitted, and the complete examination process repeated.

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I certify that I have read the current Candidate Handbook for Certification in Clinical Engineering and this application form. I attest that all information I have entered on this application is accurate. I understand that any misrepresentation may result in rejection of this application or the revocation of any certification issued as a result of this application. I understand that I must comply with the renewal policy to maintain my certification. I am also aware that any certification I may receive under this program will not constitute and shall not be construed as a license. I release from all liability the American College of Clinical Engineering (ACCE), the HTCC, the Board of Examiners and/or its agents, and I hereby authorize the HTCC, the Board of Examiners and/or its agents to make any inquires that are necessary in ascertaining my eligibility for certification.

**Applicant's Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



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## CONFIDENTIAL REFERENCE STATEMENT FOR CERTIFICATION IN CLINICAL ENGINEERING

APPLICANT'S NAME: \_\_\_\_\_

You have been selected to provide a reference based on your working experience with the above-named individual who is applying to test for certification in Clinical Engineering. If you are currently applying for Certification in Clinical Engineering or are in the examination process, you are not eligible to be a reference to this applicant. Please notify the applicant of this fact so that he/she may seek another reference in a timely manner.

The Board of Examiners for Certification in Clinical Engineering will consider this reference statement along with other reference statements, educational background, and work experience in assessing whether the applicant is qualified to test for certification in Clinical Engineering at this time.

The Board of Examiners has provided the following definition of a Clinical Engineer:

“A Clinical Engineer is a professional who supports and advances patient care by applying engineering and managerial skills to healthcare technology.”

**Please return this form, including cover page, directly to the Healthcare Technology Certification Commission (HTCC) via email at [certification@accenet.org](mailto:certification@accenet.org) by the application deadline of July 19, 2024. Please *DO NOT* return this form to the applicant. Failure to provide a completed Confidential Reference Statement to HTCC by the application deadline will result in the applicant being deemed ineligible.**

Thank you for your time and assistance.

Sincerely,

Sudhakar Nagavalli  
Healthcare Technology Certification Commission Chair



**TO:** Healthcare Technology Certification Commission  
5200 Butler Pike  
Plymouth Meeting, PA 19462-1298

Phone: 610-567-1300  
Email: [certification@accenet.org](mailto:certification@accenet.org)

**CONFIDENTIAL REFERENCE STATEMENT  
FOR CERTIFICATION IN CLINICAL ENGINEERING**

**RE:** *Reference for:* \_\_\_\_\_  
(APPLICANT'S NAME)

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THIS FORM MUST BE COMPLETED ELECTRONICALLY

**Your Name:** \_\_\_\_\_  
**Your Title:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Email:** \_\_\_\_\_

**1. How long have you known the applicant?**  
(Please provide approximate dates: \_\_\_\_\_ to \_\_\_\_\_)

**2. What is/was your relationship with the applicant? Check all that apply.**  
Supervisor              Coworker              Colleague  
Other (please specify): \_\_\_\_\_

**3. Please indicate the applicant's involvement in the following areas:**

<i>Professional Activity</i>	<i>Level of Involvement</i>				
	Major	Moderate	Minor	None	Unknown
Technology Management					
Service Delivery Management					
Product Development, Testing, Evaluation, Regulatory Compliance					
IT / Medical Device Security					
Education of Others					
Facilities Management					
Risk Management & Safety					
General Management					

4. Please provide, to the best of your knowledge, your evaluation of the applicant's expertise in applying engineering principles to the field of clinical medicine. Please be specific and include comments relative to the nature of his/her work, the management provided, and those accomplishments of which you have detailed knowledge.

5. Describe a situation in which the applicant was required to use judgment to solve a problem (e.g., they had to make an ethical judgment such as balancing quality against cost).

6. Please describe a situation in which the applicant was required to function as a member of a health care team. Describe the applicant's role and interactions with administration, nursing staff, medical staff, allied health and other support professionals.

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

Please ensure you have signed the Reference Statement and return this form to the Healthcare Technology Certification Commission ([certification@accenet.org](mailto:certification@accenet.org)). Thank you.