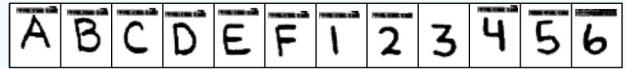




Application for CLINICAL ENGINEERING CERTIFICATION EXAMINATION

PART 1

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.



Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

Mr. First Name Middle Initial
 Mrs. Middle Initial
 Ms. Middle Initial
 Dr. Last Name Suffix (Jr., Sr., etc.)

Home Address

Home Address - Number and Street

Apartment Number

City State/Province Zip/Postal Code

Country

Home Phone (Do not put dash or parenthesis; Number only)

Business Address

Company Name

Number and Street

City State/Province Zip/Postal Code

Country

Business Phone (Do not put dash or parenthesis; Number only) Mobile Phone (Do not put dash or parenthesis; Number only)

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

Preferred Address

Home
 Work

(Continue on page 2)





Application for CLINICAL ENGINEERING CERTIFICATION EXAMINATION

PART 1

Eligibility and Background

Darken 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) or higher degree in engineering (EAC/ABET accredited program)
4 or more years of engineering practice, including 3 or more years of clinical engineering practice

- Bachelor of Science in Engineering Technology (BSET) degree in engineering technology (TAC/ABET accredited program)
8 or more years of engineering practice, including 3 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
- Asian
- Hispanic
- Native American
- White
- 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

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.

NAME (Please enter your legal name):

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 (Check One) <input type="radio"/> HOME <input type="radio"/> BUSINESS		Business Email:	

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.

Name of College:
Location:
Field of Study:
Dates of Attendance: From: _____ To: _____
Degree Granted:

Name of College:
Location:
Field of Study:
Dates of Attendance: From: _____ To: _____
Degree Granted:

Name of College:
Location:
Field of Study:
Dates of Attendance: From: _____ To: _____
Degree Granted:

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.

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

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.

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

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.

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

OTHER:

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

1.

2.

3.

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

1.

2.

3.

4.

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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5200 Butler Pike
Plymouth Meeting, PA 19462-1298
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Email: 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.

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 by the application deadline of July 22, 2022. 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, MS, CCE, CBET
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

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

RE: Reference for: _____
(APPLICANT'S NAME)

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:

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

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). Thank you.