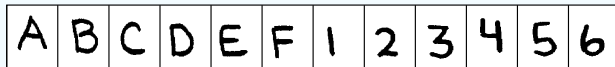




Application for CLINICAL ENGINEERING CERTIFICATION EXAMINATION

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. []
 Ms. []
 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)



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

- BS 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

- 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 (PE)
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 40 to 49
- 25 to 29 50 to 59
- 30 to 39 60+

Gender:

- Male
- Female

Office Use
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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:** _____

