



AMERICAN COLLEGE OF CLINICAL ENGINEERING

MEMBERSHIP APPLICATION FORM

AMERICAN COLLEGE OF CLINICAL ENGINEERING

INSTRUCTIONS

- Please return completed application and your non-refundable application fee (either check or credit card authorization) to ACCE, 5200 Butler Pike, Plymouth Meeting, PA 19462-1298 USA.
- Attach **curriculum vitae/résumé** to verify your professional credentials. Formal education, training, and clinical engineering experience will be reviewed by the Membership Committee for applicability to insure consistency with the mission of ACCE

APPLICATION FEE

- Please complete "[ACCE Membership Categories](#)" section on back of application and then check appropriate box below to make a selection
 - Individual (voting member) US\$ 60 (sixty US dollars):
 - Associate (non-voting member) US\$ 60 (sixty US dollars):
 - Candidate (non-voting member) US\$ 30 (thirty US dollars):
- Make checks payable to **ACCE**

Credit Card Payment: Check appropriate card Visa M/C AMEX DISC

Card Number:

Card Holder Zip Code: Card Expires (Month/Year): ____ / ____

CARDHOLDER NAME: (Print as it appears on card) _____

SIGNATURE: _____

Name: _____

Specialty: _____

Degree(s): _____

Professional Certification or Registration: _____

BUSINESS ADDRESS:

Employer: _____

Title: _____

Department: _____

Street: _____

City, State, Zip: _____ Country _____

Phone: (____) _____ Fax: (____) _____

Business E-mail address: _____

HOME ADDRESS:

Street: _____

City, State, Zip: _____ Country _____

Phone: (____) _____ Fax: (____) _____

Home E-mail address: _____

Preferred Destination for Correspondence & Newsletter: Office Address Home Address Home E-mail Office E-mail (*check one*)

I hereby state that this application is correct to the best of my knowledge:

Signature: _____ Date: _____

ACCE MEMBERSHIP CATEGORIES

There are three classifications of membership available to new applicants: Please check membership category applied for AND applicable qualifications.

A. Individual (Voting) Member

- I am applying for Individual Member

Please check relevant qualifications below and attach a current copy of your curriculum vitae/résumé:

- Required** → I have been in the professional practice of clinical engineering for at least three years and meet one or more of the following four (4) conditions:
- One of four required** {
- I possess a Baccalaureate degree (or higher) in an Engineering discipline, Science or Engineering Technology from an accredited College or University; (or Foreign equivalent); or
 - I am certified as a Clinical Engineer (CCE) by a body recognized by ACCE;
 - I can demonstrate at least three (3) additional years of Clinical Engineering practice in a position of responsibility beyond the basic three (3) year requirement; or
 - I am seeking a recommendation by the Membership Committee in recognition of a significant contribution to the profession of Clinical Engineering.

B. Associate (non-voting) Member

- I am applying for Associate Member

Please check relevant qualifications below and be sure curriculum vitae/résumé documents credentials

Required

- I am committed to the mission of this organization.

C. Candidate (non-voting) Member

- I am applying for Candidate Member

Please check relevant qualifications below and be sure curriculum vitae/résumé documents credentials

I am interested in the purpose of this organization and meet one of the following two conditions:

One of two required {

- current enrollment at least half-time in an accredited baccalaureate or graduate program in engineering, engineering technology, or related course of study; or
- completing the three-year clinical experience requirement for Individual membership after receiving a baccalaureate or graduate engineering or engineering technology degree.