



Institutional Membership Application

ACCE welcomes hospitals and healthcare organizations, governmental, scientific, academic, philanthropic, and other non-profit organizations interested in medical instrumentation management to support its mission by becoming an **Institutional Member**. In addition to membership and training discounts for designated Representatives, Institutional Members will be identified in the ACCE website as organizations committed to the development and promotion of effective and professional medical instrumentation management.

A. Please type or print your organization's information.

Organization Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____ Website Address: _____

Contact Name: _____ Phone: _____ Fax: _____

B. Please indicate your organization's primary business.

<input type="checkbox"/>	Government Agency	<input type="checkbox"/>	Education / Research
<input type="checkbox"/>	Hospital (Single) _____ # of beds	<input type="checkbox"/>	Standards Developing Organization
<input type="checkbox"/>	Hospital (System) _____ # of beds	<input type="checkbox"/>	Other
<input type="checkbox"/>	Non-Profit Professional Organization	Please explain: _____	

C. Please select the desired annual membership level.

	USA+column1	Column 2
4 Representatives	\$280.00	\$187.00
5 Representatives	\$338.00	\$226.00
6 Representatives	\$390.00	\$260.00
7 Representatives	\$438.00	\$292.00
8 Representatives	\$480.00	\$320.00
9 Representatives	\$518.00	\$346.00
10 Representatives	\$570.00	\$380.00
30 Representatives (Bronze Level)	\$1,750.00	\$1,140.00
50 Representatives (Silver Level)	\$2,850.00	\$1,900.00
100 Representatives (Gold Level)	\$5,700.00	\$3,800.00
_____ Additional Representatives @ \$52.00 each/\$34.00 each.....	\$	
TOTAL		\$ _____

It is not necessary that Representatives be directly related to medical instrumentation management. Anyone with an interest in the profession can be designated as Representative. All Representatives will automatically have "Associate" status until they have successfully completed the corresponding ACCE application procedure for "Individual", "Fellow", or "Emeritus" status (please see additional information in section E. Select Membership Representatives). All employees of an Institutional Member receive the same discount as members for Training/Teleconferences.

D. Payment Method

Credit Card
 Visa MasterCard AmEx
 Card Number: _____
 Expiration date: _____
 Cardholder Name: _____
 Cardholder Signature: _____
 Billing Zip Code: _____

Enclosed check payable to ACCE
 Check must be in U.S. dollars and drawn on a U.S. Bank
 Contact me for billing instructions
 Name: _____
 Telephone: _____
 Email: _____

Membership fees paid to ACCE are not tax deductible as charitable contributions for federal income tax purposes but they may be tax deductible under other provisions of the Internal Revenue Service.

E. Select Membership Representatives

All Representatives registered with the paid Institutional Membership will automatically have "Associate" status ***and must complete the corresponding application form.*** Individuals who wish to achieve "Individual", "Fellow", or "Emeritus" status must complete the corresponding ACCE application process successfully. Individuals who had "Individual", "Fellow", or "Emeritus" status previously to becoming Representatives will maintain their status. Fees paid previously to becoming an Institutional Representative will not be refunded. Representatives' ACCE status will cease if the Institutional Membership is not renewed. Representatives who wish to continue their relationship with ACCE even without the existence of an Institutional Membership can do so individually.

It is the responsibility of the **Primary Representative** to serve as the main contact between the Institutional Member and ACCE, facilitate the Institutional Membership annual renewal, and submit updated lists of Representatives as necessary.

Primary Representative

1. Name: _____

Additional Representatives

- 2. Name: _____
- 3. Name: _____
- 4. Name: _____
- 5. Name: _____
- 6. Name: _____
- 7. Name: _____
- 8. Name: _____
- 9. Name: _____
- 10. Name: _____

Please make copies of this sheet if necessary to register additional Representatives.

F. Please mail your completed Application with Check or Credit Card information to:

AMERICAN COLLEGE OF CLINICAL ENGINEERING
5200 Butler Pike
Plymouth Meeting, PA 19462-1298

If using Credit Card, you may complete the Application, scan it, and email it to Secretariat@accenet.org
 If you have any questions or need additional information please email Secretariat@accenet.org

Additional Representatives

11. Name: _____
12. Name: _____
13. Name: _____
14. Name: _____
15. Name: _____
16. Name: _____
17. Name: _____
18. Name: _____
19. Name: _____
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31. Name: _____
32. Name: _____
33. Name: _____
34. Name: _____
35. Name: _____
36. Name: _____
37. Name: _____
38. Name: _____
39. Name: _____
40. Name: _____

MEMBERSHIP APPLICATION COMPLEMENT FORM

Please complete this page for each representative who is applying for **ASSOCIATE** Membership.

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:

Business Address Home Address Business E-mail Home E-mail

I am applying for **Associate Member**

Required → I am committed to the mission of this organization.

Our Mission:

- To establish a standard of competence and to promote excellence in clinical engineering practice.
- To promote safe and effective application of science and technology in patient care.
- To define the body of knowledge on which the profession is based.
- To represent the professional interests of clinical engineers.

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

Signature: _____

Date: _____

MEMBERSHIP APPLICATION COMPLEMENT FORM

Please complete this page for each representative who is applying for *INDIVIDUAL* Membership.

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:

Business Address Home Address Business E-mail Home E-mail

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 (3) years and meet one 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; or
 - 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.

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

Signature: _____ **Date:** _____