



AMERICAN COLLEGE OF CLINICAL ENGINEERING

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:** _____