



AMERICAN COLLEGE OF CLINICAL ENGINEERING

UPGRADE APPLICATION FORM

AMERICAN COLLEGE OF CLINICAL ENGINEERING

Annual Dues for Individual Members US \$60 (sixty US dollars) per year
(payable in January of each calendar year)

INSTRUCTIONS

- Please return completed application to ACCE, 5200 Butler Pike, Plymouth Meeting, PA 19462-1298 USA.
- Attach your most recent **curriculum vitae/résumé**.

CERTIFICATION

According To ACCE Bylaws, an applicant is qualified for Individual level if they are:

A person demonstrating evidence of **professional practice of engineering in a clinical environment for at least three years**, and meeting **one or more of the following three conditions**:

- Possession of a **Baccalaureate degree in an Engineering discipline or Engineering Technology** from an accredited College or University; (or Foreign equivalent), **or**
- **Certification as a Clinical Engineer (CCE)**, by the International Certification Commission for Clinical Engineering and Biomedical Technology; **or**
- **By recommendation of the Membership Committee in recognition of exceptional contributions, consistent with criteria established by the Board**, to the profession of Clinical Engineering

NAME: _____
Last First Middle

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)

Current ACCE membership category: Candidate Associate (check one)

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

Signature: _____ Date: _____