

Qualifications

According to ACCE bylaws, an applicant is qualified for Individual level if they:

- Demonstrate evidence of **professional practice of engineering in a clinical environment for at least three years**

And meet **one of the following four conditions:**

- I possess a **Baccalaureate degree in an Engineering discipline or Engineering Technology** from an accredited College or University; (or Foreign equivalent), or
- I possess **Certification as a Clinical Engineer (CCE)** by the International Certification Commission for Clinical Engineering and Biomedical Technology, 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
- By **recommendation of the Membership Committee in recognition of exceptional contributions, consistent with the criteria established by the Board**, to the profession of Clinical Engineering.
- Attach** your most recent **detailed curriculum vitae/résumé** that explains your professional credentials and your years in Clinical engineering work and include a sentence or two for each work experience to show it is engineering work.

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

Signature: _____ **Date:** _____

Annual Dues for Individual Members

Payable in JANUARY of each year. Please see country table for your membership rate.

Country of residency _____

- US\$ 75.00 US\$ 50.00 US\$ 15.00 US\$ 4.00

Payment Method

- Enclosed check payable to ACCE** (Check must be in U.S. dollars and drawn on a U.S. Bank)

Check number: _____

Credit Card

- Visa MasterCard AmEx Discover

Card Number: _____

Cardholder Name: _____

Exp. date & Security Code: _____

Zip Code _____

Cardholder Signature: _____



AMERICAN COLLEGE OF CLINICAL ENGINEERING

Upgrade Application Form

Contact Information

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

Current ACCE Membership: Candidate Associate

Please return completed application to:

ACCE, 19825 N Cove Rd, #175
Cornelius, NC 28031
USA

Or email: secretariat@accenet.org