

### 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    PayPal

Card Number: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Expiration date: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

**Contact Information**

Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Degree(s): \_\_\_\_\_

Professional Certification or Registration: \_\_\_\_\_

**BUSINESS ADDRESS:**

Employer: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Business E-mail address: \_\_\_\_\_

**HOME ADDRESS:**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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, 2880 Bicentennial Pkwy, Ste 100#249  
Henderson, NV 89044, USA

Or email: [secretariat@accenet.org](mailto:secretariat@accenet.org)