



2007 Candidate Application Form

for

Certification in Clinical Engineering

by the

Healthcare Technology Certification Commission

Program sponsored by the

ACCE Healthcare Technology Foundation

Examination conducted by the

US Board of Examiners for Clinical Engineering Certification

5200 Butler Pike
Plymouth Meeting, PA 19462-1298

Phone: 610-567-1240
E-mail: certification@ACCEnet.org

Application Date
September 1, 2007

Examination Date
November 3, 2007



Healthcare Technology Certification Commission
5200 Butler Pike
Plymouth Meeting, PA 19462-1298
Phone: 610-567-1240
Fax: 480-247-5040
E-mail: certification@ACCEnet.org

GENERAL INFORMATION

Clinical engineering certification is a three-step process: (1) application review by the US Board of Examiners for Clinical Engineering Certification; (2) written examination; and (3) oral examination.

1. APPLICATION REVIEW

- ✓ Complete and submit the enclosed application forms, along with the US \$375 application fee. The two-page machine readable form will be forwarded to Professional Testing Corporation.
- ✓ Contact your college or university to request that your official transcripts be forwarded directly to the Healthcare Technology Certification Commission (HTCC). Only official transcripts forwarded by the university will be accepted. If the most advanced degree is from an EAC/ABET accredited engineering program, transcripts related to this degree is required but transcripts for lesser degrees are not required. If the transcript is from a university outside of the United States, the Board of Examiners may require an assessment of equivalency to US degrees. Any expense incurred in establishing equivalency will be borne by the candidate. Your application will not be reviewed and evaluated until all transcripts are received.
- ✓ Make three copies of the Confidential Reference Statement, write your name on the cover sheet and first page, and distribute it to three references that can attest to your clinical engineering experience and abilities. References must not be other applicants actively seeking clinical engineering certification. References may include nurses, administrators, physicians, engineers and department managers. Selecting a variety of individual backgrounds would be preferable in choosing your references. Please include their titles, addresses and phone numbers. Please urge your references to return the completed form *directly* to the Healthcare Technology Certification Commission (Commission) as quickly as possible. Your application will not be reviewed and evaluated until all references are received.

Once your official transcripts and all letters of reference have been received, your application packet will be forwarded to the US Board of Examiners for Clinical Engineering Certification (Board) for review. Once the Board has reviewed and evaluated your application, you will receive a letter indicating whether the Board has found you eligible to sit for the written portion of the examination. If you are found ineligible you will receive a refund of the application fee, less a processing fee of \$100.00, and you will receive an explanation concerning your ineligibility.

- ### 2. WRITTEN EXAMINATION
- Once the Board deems you eligible for examination, you will be contacted regarding arrangements for taking the written examination. The written examination must be taken within 2 years of this notification or the application will be cancelled. In this instance, the applicant must reapply.

The written examination consists of 150 multiple-choice questions which must be completed within 3 hours. The questions are based on the ACCE “body of knowledge” survey for clinical engineering practice. Subject areas include: Technology Management; Service Delivery Management; Product Development, Testing, Evaluation, & Modification; IT / Telecom; Education of Others; Facilities Management; Risk Management / Safety; and General Management.

If the applicant does not pass the written examination, he or she is allowed, under the current application, one retest of the examination after a six-month waiting period, but before two years from the date of the initial examination. The fee for retesting is \$150.

ORAL EXAMINATION-Following successful completion of the written examination, the candidate is scheduled for an oral examination. The oral examination questions will be selected from the same content areas as the written examination. It consists of 3 questions to be delivered and answered in 1 ¾ hours. The oral examination must be taken within 3 years of the date of the initial notification of eligibility to enter the certification examination process.

If the applicant does not pass the oral examination, he or she is allowed, under the current application, one retest after a period of one year, but within three years of the date of the initial written examination. The retesting fee for the oral examination will be \$125.

If the applicant meets all the requirements for certification, the Board shall recommend certification by the Healthcare Technology Certification Commission.

3. Certification is valid for three years at which time it must be renewed.

Certification Renewal

To maintain your certification, you must meet the renewal requirements established by the US Board of Examiners for Clinical Engineering Certification. Requirements for maintaining certification include the payment of a renewal fee and the accumulation of at least fifteen points of continuing practice activities reported every three years. Activities are recorded in a renewal application available from the Commission. The individual may claim points towards renewal for any activity in which they participate that maintains or enhances their clinical engineering skills. The point system is simple, flexible, and designed to be well within the reach of any actively practicing clinical engineer. Details are available in the renewal application form. Failure to meet or comply with the renewal requirements will result in the non-renewal of your certification. To regain certification, a new application must be submitted and the complete examination process repeated.

Nondiscrimination Policy

The Certification Program does not discriminate against any individual with respect to age, sex, color, race, religion, national origin, sexual preference, marital status, or disability.



Application for
CLINICAL ENGINEERING CERTIFICATION EXAMINATION

PART 1

Eligibility and Background

Darken only one choice for each question unless otherwise directed.

A. ELIGIBILITY OPTION:

- Licensure in the United States as a Professional Engineer (PE)
3 or more years of clinical engineering practice
- BS or higher degree in engineering (EAC/ABET accredited program)
4 or more years of engineering practice, including 3 or more years of clinical engineering practice
- BS or higher degree in related fields of science or mathematics
6 or more years of engineering practice, including 3 or more years of clinical engineering practice
- BSET degree in engineering technology (TAC/ABET accredited program)
8 or more years of engineering practice, including 3 or more years of clinical engineering practice
- None of the above (for candidates with otherwise eminent experiential qualifications)
10 or more years of engineering practice, including 3 or more years of clinical engineering practice

B. PERCENT OF WORKING TIME CURRENTLY SPENT IN CLINICAL ENGINEERING:

- Less than 25%
- 25 to 75%
- More than 75%

C. YEARS OF EXPERIENCE IN CLINICAL ENGINEERING:

- One or less
- Two
- Three
- Four to five
- Six to ten
- More than ten
- None

D. WORK SETTING:

- Hospital
- Manufacturer
- Regulatory agency
- Educator
- Other (please specify) _____

E. EMPLOYER RECOGNIZES CERTIFICATION IN CLINICAL ENGINEERING IN POSITION DESCRIPTIONS, TITLES, PROMOTIONS AND COMPENSATION?

- No
- Yes

F. HIGHEST ACADEMIC LEVEL ATTAINED:

- Associates Degree
- Bachelor's Degree - science/engineering
- Bachelor's Degree - other
- Master's Degree - science/engineering
- Master's Degree - other
- Doctorate Degree - science/engineering
- Doctorate Degree - other
- None

G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No
- Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

Race:

- African American
- Asian
- Hispanic
- Native American
- White
- No Response

Age Range:

- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

Gender:

- Male
- Female

Office Use			
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
8	8	8	8
9	9	9	9
0	0	0	0

Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____ **DATE:** _____





Healthcare Technology Certification Commission
 5200 Butler Pike
 Plymouth Meeting, PA 19462-1298
 Phone: 610-567-1240
 Fax: 480-247-5040
 E-mail: certification@ACCEnet.org

PART II

APPLICATION FOR CERTIFICATION IN CLINICAL ENGINEERING

INSTRUCTIONS

This application will be treated as confidential. The application must be legible to be considered by the Board. The application is available at www.ACCE-htf.org/certification.

Review the current Candidate Handbook for Certification in Clinical Engineering prior to completing the application. Read the instructions for each application section carefully. Failure to provide complete information will result in delays in processing your application.

Include the \$ 375 USD application fee made payable to the “Healthcare Technology Certification Commission” with your application. Applications received without payment will not be processed. Payment made by Credit cards are accepted online securely through PayPal®. Please visit our website at <http://www.acce-htf.org/certification.html> to submit payment.

Direct all correspondence and inquires to the address shown at the top of this page.

NAME (Please enter your legal name):

Please attach two (2) good quality photocopies of a government issued photo identification.

HOME ADDRESS		BUSINESS ADDRESS	
Street Address:		Employer:	
		Department:	
City:		Address:	
State:	Zip:		
Home Phone:	Cell Phone:	City	
Fax:		State:	Zip:
Personal E-mail:		Telephone:	Fax:
CORRESPONDENCE SHOULD BE SENT TO YOUR		Business E-Mail:	
(Circle One) HOME OFFICE			

Please complete the following sections on Education and Employment history or attach your resume or curriculum vitae if it contains all of the requested information.

EDUCATION:

Please have your school(s) send official transcripts directly to the Healthcare Technology Certification Commission at the address listed. Student copies of the transcripts are NOT acceptable.

Name of College:
Location:
Field of Study:
Dates of Attendance: From: To:
Degree Granted:

Name of College:
Location:
Field of Study:
Dates of Attendance: From: To:
Degree Granted:

Name of College:
Location:
Field of Study:
Dates of Attendance: From: To:
Degree Granted:

OTHER

List professional registrations and certifications you now hold. Provide copies of all supporting documents.

1. _____
2. _____
3. _____

List professional or technical societies of which you are currently a member (including length of membership):

1. _____
2. _____
3. _____
4. _____

Note: If you feel that you would like to add other supporting statements, please limit your additional comments to two type written pages (double spaced). If you would like to attach additional supporting documents, please limit the attachments to five pages

Note: Applicants under eligibility option 5 should attach additional supporting information as necessary to support your application.

REFERENCES:

Candidates shall request three (3) confidential references meeting all of the following criteria:

- That the individual holds a position that allows them to attest to the applicant’s engineering or clinical engineering experience and abilities, e.g. nurses, administrators, physicians, engineers, and department managers. It is advisable that you discuss with your references your engineering and clinical engineering activities that are pertinent to this application.
- That each reference document is returned is returned directly to the Secretariat by the confidential reference,
- That the individual providing the reference is not actively in the clinical engineering certification process, e.g. application is under consideration or found to be actively in the certification process, that reference will be rejected and replaced by the candidate with a suitable alternative reference.
- That the individual provides credible testament to the applicant’s work experience.

Be sure to advise your references of the importance of responding promptly so your application can be processed.

Note: Make three copies of the enclosed Confidential Reference Statement, write your name on the cover sheet and page 1, and distribute it to your three references.

1. _____

2. _____

3. _____

CERTIFICATION RENEWAL POLICY

To maintain your certification, you must meet the renewal requirements established by the US Board of Examiners for Clinical Engineering Certification (Board). Requirements for maintaining certification include the payment of a periodic renewal fee and the accumulation of at least fifteen points of continuing practice activities reported every three years. Activities are recorded in the renewal application supplied by the Board. You may claim points for any activity in which you participate that maintains or enhances your clinical engineering skills. The point system is simple, flexible, and designed to be well within the reach of any actively practicing clinical engineer. Failure to meet or comply with the renewal requirements will result in the revocation of your certification. To regain certification a new application must be submitted and the complete examination process repeated.

I certify that I have read the current Candidate Handbook for Certification in Clinical Engineering and this application form and all information I have entered on this application is correct. I understand that any misrepresentation may result in rejection of this application or the revocation of any certification issued as a result of this application. I understand that I must comply with the renewal policy to maintain my certification. I am also aware that any certification I may receive under this program will not constitute and shall not be construed as a license. I release from all liability the ACCE Healthcare Technology Foundation (AHTF), the HTCC, the Board of Examiners and/or its agents, and I hereby authorize the HTCC, the Board of Examiners and/or its agents to make any inquires that are necessary in ascertaining my eligibility for certification.

Signature

Date



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5200 Butler Pike
Plymouth Meeting, PA 19462-1298
Phone: 610-567-1240
Fax: 480-247-5040
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CONFIDENTIAL REFERENCE STATEMENT – CLINICAL ENGINEERING

APPLICANT'S NAME: _____

You have been selected to provide a reference based on your working experience with the above-named individual who is applying to test for certification in Clinical Engineering. If you are currently applying for Certification in Clinical Engineering or are in the examination process, you are not eligible to be a reference to this applicant. Please notify the applicant of this fact so that he/she may seek another reference in a timely manner.

The United States Board of Examiners for Clinical Engineering Certification will consider this reference statement along with other reference statements, educational background, and work experience in assessing whether the applicant is qualified to test for certification in Clinical Engineering at this time.

The Board of Examiners has provided the following definition of a Clinical Engineer:

“A Clinical Engineer is a professional who supports and advances patient care by applying engineering and managerial skills to healthcare technology.”

To avoid delays in the application process, please return this form as soon as possible, including this cover page, by faxing it directly to the Healthcare Technology Certification Commission secretariat at (480) 247-5040. If faxing is not possible, please mail the document directly to the Healthcare Technology Certification Commission at the address listed above. Please *do not* return this form to the applicant.

Thank you for your time and assistance.

Sincerely,

A handwritten signature in black ink that reads 'Frank Painter'.

Frank Painter
Chairperson, Healthcare Technology Certification Commission

TO: Healthcare Technology Certification Commission
5200 Butler Pike
Plymouth Meeting, PA 19462-1298

Phone: 610-567-1240
Fax: 480-247-5040
E-mail: certification@ACCEnet.org

CONFIDENTIAL REFERENCE STATEMENT – CLINICAL ENGINEERING

RE: REFERENCE FOR _____
(APPLICANT'S NAME)

PLEASE PRINT CLEARLY OR TYPE

Your Name: _____

Your Title: _____

Employer: _____

Address: _____

City, State, Zip: _____

Telephone: _____

e-mail address: _____

1. **How long have you known the applicant?** _____
(Please provide approximate dates: _____ to _____)

2. **What is/was your relationship with the applicant?**
 Supervisor **Co-professional** **Co-worker**
 Other (please specify) _____

3. **Please indicate the applicant's involvement in the following areas:**

Professional Activity	Level of Involvement				
	Major	Moderate	Minor	None	Unknown
Management					
Technology assessment					
Regulatory / QA					
Equipment support					
Risk management / Safety					
Teaching					
Product development					

