



**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*

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- 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*

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- BS or higher degree in related fields of science or mathematics  
- This option will be removed in 2011. The last year for applications using this option will be 2010.  
*6 or more years of engineering practice, including 3 or more years of clinical engineering practice*

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- 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*

**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     Six to ten
- Two     More than ten
- Three     None
- Four to five

**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     Native American
- Asian     White
- Hispanic     No Response

**Age Range:**

- Under 25     40 to 49
- 25 to 29     50 to 59
- 30 to 39     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:** \_\_\_\_\_

