



AMERICAN COLLEGE OF CLINICAL ENGINEERING

FELLOW APPLICATION FORM

AMERICAN COLLEGE OF CLINICAL ENGINEERING

INSTRUCTIONS

- Please return completed application and your non-refundable fee (either check or credit card authorization) to ACCE, 5200 Butler Pike, Plymouth Meeting, PA 19462-1298 USA.

APPLICATION FEE US\$ 50 (fifty US dollars):

- Make checks payable to **ACCE**

Credit Card Payment: Check appropriate card Visa M/C AMEX DISC
 Card Number: |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_| |_|_|_|_|_|
 Card Holder Zip Code: |_|_|_|_|_| Card Expires (Month/Year): ____ / ____
 CARDHOLDER NAME: (Print as it appears on card) _____
 SIGNATURE: _____

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*)

I hereby state that I am currently an Individual member-in-good-standing of ACCE and that this application is correct to the best of my knowledge:

Signature: _____ Date: _____



Fellow Application

Please type or clearly print all entries. If necessary, attach additional pages with further documentation. Clearly reference any attached information with the identified categories.

Min Required	Max Allowed	Actual
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EDUCATION

Formal

Identify highest level & type of degree attained (check only one degree and one type)

- Associate degree (5 pts) in Technology in other _____
 Bachelor's degree (10 pts) in Engineering in other _____
 Master's degree (15 pts) in Engineering in Business or Health Admin in other _____
 Doctorate (20 pts) in Engineering in other _____

N/A	20	
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Informal

List clinical engineering-related program or conference type attended (e.g. ACCE, AAMI, HealthTech), date and location (2 pts for each program)

10	20	
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Sponsor	Location (City/State/Province)	Date (Month/Year)
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CLINICAL ENGINEERING WORK EXPERIENCE (5 pts for each full year)

75	100	
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1. _____ Current organization	Position Title	Dates: From Mo/Yr to Mo/Yr
Location (City/State/Province)	Responsibilities	
2. _____ Previous organization	Position Title	Dates: From Mo/Yr to Mo/Yr
Location (City/State/Province)	Responsibilities	
3. _____ Previous Organization	Position Title	Dates: From Mo/Yr to Mo/Yr
Location (City/State/Province)	Responsibilities	
4. _____ Previous Organization	Position Title	Dates: From Mo/Yr to Mo/Yr
Location (City/State/Province)	Responsibilities	



Fellow Application

CERTIFICATION, LICENSES, AWARDS & HONORS

N/A N/A

- Certified Biomedical Equipment Technician (CBET) (5 pts)
- Certified Clinical Engineer (CCE) (20 pts)
- Licensed Professional Engineer (PE) (10 pts)
- ACCE awards or honors (describe) (5 pts) _____
- Other clinical engineering related awards & honors (describe) (3 pts) _____

According to the ACCE Bylaws, an **Individual member** with **at least 3 years of active service in the College business** may be advanced to Fellow status in recognition of:

- Distinguished service to the profession **or**
- Achievement in the field of Clinical Engineering

The ACCE Board has adopted the evaluation categories and point scoring system in this application as a means of evaluating a candidate's eligibility for Fellow status.

Points Worksheet

Please note that a total of 300 points are required to qualify and that several categories have minimum required points and maximum allowed points associated with them.

CATEGORY	Min Req	Max Allowed	Actual
Education			
• Formal	N/A	20	_____
• Informal	10	20	_____
Clinical Engineering Work Experience	75	100	_____
Professional Participation			
• ACCE	100	150	_____
• Other	N/A	50	_____
Publications & Presentations	45	75	_____
Certification, Licensure, Awards & Honors	N/A	N/A	_____
Total Required for Fellow			300

Attachments:

In addition to the Application form, you **must** attach the following items:

- Copy of your current Job Description
- Copy of your employer's Organization Chart (with your position circled)
- Your current Résumé or Curriculum Vitae
- A letter of recommendation from an ACCE Fellow or an ACCE Board Member (either current or past)
The letter of recommendation must address applicant's professional reputation for
 - competence,
 - judgment,
 - integrity, and
 - ethics

Appeals Process:

Any member whose Fellow application has been denied has the right to appeal this decision, in writing, to the Chair of the Membership Committee and clearly identify why they feel their application meets all the necessary criteria for Fellow. The Chair of the Membership Committee will review this request and present it at the next regularly scheduled Board meeting. The Board's action will be final.

Please retain a copy of this application for your records