

PART I (continued)

- G. Employment status:
 Full-time Student
 Part-time Not currently employed
- H. Is your employer paying for this examination?
 No Yes Not applicable
 If yes, is reimbursement dependent upon passing?
 No Yes Not applicable
- I. Highest academic level attained:
 Some High School Bachelor's Degree
 High School Graduate or Equivalent Master's Degree
 Some College Doctoral Degree
 Associate's Degree Other
- J. What is the primary reason you wish to become certified?
 Preparation for seeking employment in the biomedical field
 Preparation for seeking a new position in the biomedical field
 Required by current employer
 To qualify for a higher professional position with current employer
 To qualify for a salary increase with current employer
 Personal choice/professional pride
 Other (specify) _____

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 test results.

- Race:
 African American Hispanic
 Asian Native American
 Caucasian No Response
- Age Range:
 Under 25 40 to 49
 25 to 29 50 to 59
 30 to 39 60+
- Gender:
 Male
 Female



COMPLETE ENTIRE APPLICATION, PART I AND PART II, BEFORE SIGNING BELOW.

I certify that I have read the ICC Applicant Handbook and understand and agree to the policies set forth therein. I further certify that all information I have entered on this Application is correct. I understand that any misrepresentation regarding the information I have provided will result in the rejection of this Application and resulting examination. I understand that I must comply with the renewal policy to maintain my certification. I am aware that any certification I may receive from the International Certification Commission (ICC) will not constitute and shall not be construed as a license. I release from all liability the ICC, its examination boards and/or its agents, and I hereby authorize the ICC, its examination boards, and/or its agents to make inquiries that are necessary in ascertaining the accuracy of this Application and my eligibility for certification.

NON-DISCLOSURE AGREEMENT AND GENERAL TERMS OF USE

This examination is confidential and proprietary. It is made available to you, the examinee, solely for the purpose of assessing your competency in the area referenced in the title of this examination. You are expressly prohibited from recording, copying, disclosing, publishing, reproducing, or transmitting this examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of the International Certification Commission (ICC). Non-compliance may lead to the revocation of your certification.

- Yes, "I Agree."
 No, "I Do Not Agree."

APPLICANT SIGNATURE: _____ DATE: _____

CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): _____
 Address (as it appears on your statement): _____
 Charge my credit card for the total fee of: \$ _____
 Expiration date (month/year): _____ / _____
 Card type: Visa MasterCard American Express
 Card Number: _____
 Signature: _____

FOR OFFICE USE ONLY

1020 1030 1040

Date _____

Fee: _____

CC Check

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





**APPLICATION FOR EXAMINATION FOR CERTIFIED BIOMEDICAL EQUIPMENT TECHNICIAN,
RADIOLOGY EQUIPMENT SPECIALIST, AND LABORATORY EQUIPMENT SPECIALIST
PART II**

DIRECTIONS: Part II of the Application should be completed by all applicants. **Failure to complete all information requested or provide verifiable information will delay processing your Application and may make you ineligible to sit for the examination.**

A. PERSONAL DATA

Name: _____

Home Address: _____

City _____ State _____ Zip Code _____

Telephone: (Home) (_____) _____

E-mail Address: (Home) _____

B. EMPLOYMENT DATA

Name of Current Employer: _____

Work Address: _____

City _____ State _____ Zip Code _____

Telephone: (Work) (_____) _____ FAX: (Work) (_____) _____

Work E-mail Address: _____

Preferred Mailing Address: Home Work

C. Please complete the appropriate sections with your educational information, work experience, and military information according to the eligibility option under which you are applying (refer to the Applicant Handbook for complete information)

EDUCATION: A copy of diploma must accompany the Application if using education as part of your eligibility

Name of School	Degree Attained	Field of Study	Year Degree Granted

WORK EXPERIENCE: Must be completed if using work experience as part of your eligibility (* For CLES & CRES Applicants Only: List percentage of time spent within the designated specialty area:)

Position Title	Employer	Employer Telephone	Date of Employment (month/year to month/year)	Full Time (F/T) Part Time (P/T)	* % of Time

U.S. MILITARY BIOMEDICAL EQUIPMENT TECHNOLOGY PROGRAM: A copy of diploma must accompany the Application if using completion of a military BMET program as part of eligibility

Name of Military Institution	Course Name	Date Completed



APPLICATION FOR EXAMINATION FOR CERTIFIED BIOMEDICAL EQUIPMENT TECHNICIAN, RADIOLOGY EQUIPMENT SPECIALIST, AND LABORATORY EQUIPMENT SPECIALIST PART II

D. EXAMINATION FOR WHICH YOU ARE APPLYING

____ Certified Biomedical Equipment Technician (CBET) ____ Certified Radiology Equipment Specialist (CRES) ____ Certified Laboratory Equipment Specialist (CLES)

E. STATUS FOR WHICH YOU ARE APPLYING

(refer to the Applicant Handbook for eligibility requirements)

Note: Please choose one status and one option only

I. FULL CERTIFICATION:

Note: To fulfill requirements for CRES or CLES, at least 40% of work experience over the last two years or 25% over the last five years MUST BE in the designated specialty area

- OPTION 1: Associate's degree in biomedical academic program and two years full-time BMET work experience
OPTION 2: Completion of a U.S. military biomedical equipment technology program and two years full-time BMET work experience
OPTION 3: Associate's degree in electronics technology and three years full-time BMET work experience
OPTION 4: Four years full-time BMET work experience
OPTION 5: Associate's degree in medical laboratory technology and three years full-time BMET work experience (FOR CLES APPLICANTS ONLY)
OPTION 6: Bachelor's degree in medical laboratory technology and two years full-time BMET work experience (FOR CLES APPLICANTS ONLY)

II. CANDIDATE STATUS

Note: To fulfill requirements for CRES or CLES, at least 40% of work experience over the last two years or 25% over the last five years MUST BE in the designated specialty area

- OPTION 1: Associate's degree in biomedical academic program
OPTION 2: Completion of a U.S. military biomedical equipment technology program
OPTION 3: Associate's degree in electronics technology and one year full-time BMET work experience
OPTION 4: Two years full-time BMET work experience
OPTION 5: Associate's degree in medical laboratory technology and one year full-time BMET work experience (FOR CLES APPLICANTS ONLY)
OPTION 6: Bachelor's degree in medical laboratory technology (FOR CLES APPLICANTS ONLY)

F. NAME AND SIGNATURE OF CURRENT SUPERVISOR (required for all options with BMET Work Experience)

I certify that the information contained in this Application and the documents presented are true to the best of my knowledge.

Printed Name of Current Supervisor

Signature of Current Supervisor

Telephone

Date

G. APPLICANT VERIFICATION/AUTHORIZATION

I certify that all statements given on this Application are true and correct to the best of my knowledge and that ICC is hereby authorized to contact any organization or individual listed herein to verify my Application information. I also authorize any organization or individual listed to verify the Application information.

Signature of Applicant

Date