

## Upgrade Application to Full Certification from Candidacy Status

### INSTRUCTIONS

- This application should be submitted only upon meeting one of the minimum eligibility requirements for Full Certification.
- Work experience requirements for Full Certification must be completed within five years of the date you passed the exam.
- Type, or print clearly, all information requested.
- Copy and add as many sheets as necessary to list your employment history.
- Be sure to read and sign the last page of the application.
- Direct all correspondences and inquiries to the below contact information.

*(See last page for list of requirements)*

PERSONAL DATA	EMPLOYMENT DATA
Full Name:	Current Employer:
Home Address: Street: .....	Work Address: Street: .....
City: ..... State: ..... Zip Code: .....	City: ..... State: ..... Zip Code: .....
Telephone (H):	Telephone (W):
Fax (H):	Fax (W):
E-mail Address (H):	E-mail Address (W):
Preferred mailing address: <input type="checkbox"/> Home <input type="checkbox"/> Work	Date you passed the certification exam:
Type of Certification: <input type="checkbox"/> CBET <input type="checkbox"/> CRES <input type="checkbox"/> CLES	

### FOR ICC/USCC OFFICE USE ONLY

**ID NUMBER ASSIGNED:**

**CERTIFICATION TYPE:**     CBET     CRES     CLES

**DATE CERTIFIED:**

**PROCESSOR'S INITIALS:**

Begin with your most recent work experience and account for **all** employment required for Full Certification  
 (See last page for list of requirements)

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 designated specialty area)						
Employer	Department	Position Title	Employee ID #	Dates of Employment ( <i>month/year</i> ) From: To:		<input type="checkbox"/> Full Time (F/T) <input type="checkbox"/> Part Time (P/T)
Employer Street Address		Employer City, State, Zip		HR Dept Telephone	HR Dept Fax #	Percent of Time in Specialty *
Employer	Department	Position Title	Employee ID #	Dates of Employment ( <i>month/year</i> ) From: To:		<input type="checkbox"/> Full Time (F/T) <input type="checkbox"/> Part Time (P/T)
Employer Street Address		Employer City, State, Zip		HR Dept Telephone	HR Dept Fax #	Percent of Time in Specialty *
Employer	Department	Position Title	Employee ID #	Dates of Employment ( <i>month/year</i> ) From: To:		<input type="checkbox"/> Full Time (F/T) <input type="checkbox"/> Part Time (P/T)
Employer Street Address		Employer City, State, Zip		HR Dept Telephone	HR Dept Fax #	Percent of Time in Specialty *
Employer	Department	Position Title	Employee ID #	Dates of Employment ( <i>month/year</i> ) From: To:		<input type="checkbox"/> Full Time (F/T) <input type="checkbox"/> Part Time (P/T)
Employer Street Address		Employer City, State, Zip		HR Dept Telephone	HR Dept Fax #	Percent of Time in Specialty *
Employer	Department	Position Title	Employee ID #	Dates of Employment ( <i>month/year</i> ) From: To:		<input type="checkbox"/> Full Time (F/T) <input type="checkbox"/> Part Time (P/T)
Employer Street Address		Employer City, State, Zip		HR Dept Telephone	HR Dept Fax #	Percent of Time in Specialty *

**EDUCATION**

If you have *less* than four years full-time work experience as a biomedical technician, indicate your degree below  
 (See last page for list of requirements, options 1, 2 and 3).

EDUCATION: An official transcript must accompany the application, if using education as part of your eligibility			
Name of School	Degree Attained (AS, BS, etc.)	Field of Study	Year Degree Granted

