

SOCIETY OF COST ESTIMATING AND ANALYSIS
PROFESSIONAL CERTIFICATION PROGRAM

Application for Certification Examination

REQUESTED EXAMINATION:

____ PART I /Professional Cost Estimating and Analysis (PCEA) -\$125 for members/\$250.00 for non-members/\$65.00 exam retake fee
____ PART II - \$150.00 for members/\$250.00 for non-members/\$75.00 exam retake fee
____ BOTH (PART I and PART II) - \$225.00 for members/\$440.00 for non-members/ \$115.00 exam retake fee

PAYMENT INFORMATION: ____ Check (attached) ____ Visa ____ MasterCard ____ American Express
Card Number _____ Expiration Date ____ Signature _____

EDUCATION / TRAINING / EXPERIENCE (Check box by the option for which you are applying)

- EDUCATION LEVEL:**
____ No Degree
____ Associate's Degree
____ Bachelor's Degree
 ____ Master's Degree
 ____ PhD
 EXPERIENCE: _____ years in cost analysis experience

NOTE: Cost analysis is used generically and includes disciplines such as price analysis, systems analysis, parametric estimating, operations research, statistics and economic analysis.

EDUCATION and EXPERIENCE: Applicants claiming education accomplishments must provide a copy of diploma or transcripts. Those claiming non-accredited course accomplishments must provide copies of certificates of completion which include the source, the subject, and the hours of instruction. Courses submitted must meet the general criteria of 20 or more hours of classroom instruction. List applicable experience in reverse chronological order. Please attach a resume of total work experience to the application.

APPLICATION INSTRUCTIONS:

Application must be fully completed. Type or print in ink. Sign and mail together with documentation and exam fee. Please indicate in which city you would like to take the examination:

PERSONAL INFORMATION:

Last name First name M.I. _____ Email Address _____
Home Address _____ Home Phone _____
City State Zip Code _____
Current Employer _____ Job Title _____
Employer Address _____ Work Phone _____
City State Zip Code _____

SCEA USE ONLY

Received _____ Member _____ Payment Received _____ Approval _____ Exam _____
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General Education (Diploma/Degree/Certificate)	University or College and Location	Field of Concentration	Year

Specify education and training in cost analysis. Each noncredit course submitted must meet the general criteria of 20 or more hours of classroom instruction. A copy of certificate or transcript is required

Course Title (Degree/Non-Degree)	School and location	Type of Credit	Hours	Year

Professional Experience Indicate level and type of publishing, teaching, and speaking

Level	Type	Dates

Cost Estimating or Analysis Experience Beginning with your most recent cost related position, list all of the cost estimating or cost analysis positions you have held. Include additional listings on a separate sheet of paper. If you held a position in **Federal Service**, include your rank or grade.

From	To	Name and Location of Employer	Position Held
Brief Description of Duties:			
From	To	Name and Location of Employer	Position Held
Brief Description of Duties:			
From	To	Name and Location of Employer	Position Held
Brief Description of Duties:			
Other Certifications:			
SIGNATURE: DATE:			