



EET PROFESSIONAL APPLICATION

REQUIRED: Complete address, phone, and email

Name: _____
ENTER YOUR NAME EXACTLY AS YOU WOULD LIKE IT TO APPEAR ON YOUR CERTIFICATE: FIRST NAME MIDDLE NAME LAST NAME, CREDENTIALS

Job Title: _____

Date of Birth (MM-DD-YYYY): _____

Preferred Mailing Address: Business Home

BUSINESS ADDRESS		<input type="checkbox"/> NONE
Company:		
Division/Dept:		
Address:		
PO Box/Mail Stop:		
City:		
State/Province:		
Zip Code:		
Country:		
Phone:		
Cell Phone:		
Fax:		
Email:		

HOME ADDRESS	
Address:	
City:	
State/Province:	
Zip Code:	
Country:	
Phone:	<input type="checkbox"/> Check if cell phone
Email:	

HIGHEST DEGREE GRANTED (CHECK ONE)		
<input type="checkbox"/> Technician	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Doctorate
<input type="checkbox"/> Associate	<input type="checkbox"/> Master	<input type="checkbox"/> None
<input type="checkbox"/> Other Education: _____		

Please do not use my email address for communications outside of SME.

PURCHASE SELECTION (check all that apply)

MEMBERSHIP

- One-Year SME Membership: \$138.00
- Two-Year SME Membership: \$248.50
- Three-Year SME Membership: \$352.00

EXAM FEE AND FORMATS

Electrical/Electronics Engineering Technical Outcome Assessment (EET)

- Online Exam: \$80.00
- Paper/Pencil Exam: \$80.00

TOTAL: _____

Can we thank anyone for referring you? _____

NUMBER OF PEOPLE EMPLOYED AT BUSINESS ADDRESS (check one box only)

- Less than 20 50–99 250–499 1,000–2,499
 20–49 100–249 500–999 Over 2,500

JOB FUNCTION (check one box only)

- | | | |
|--|---|--|
| <input type="checkbox"/> Owner/Company Mgmt./Corporate Executive | <input type="checkbox"/> Manufacturing Engineering Management | <input type="checkbox"/> Product Development |
| <input type="checkbox"/> Manufacturing Production Management | <input type="checkbox"/> Manufacturing Engineering Non-Management | <input type="checkbox"/> Control Engineering |
| <input type="checkbox"/> Manufacturing Production Non-Management | <input type="checkbox"/> Quality Management | <input type="checkbox"/> Educator/Instructor |
| | <input type="checkbox"/> Product Design & Development | <input type="checkbox"/> Other Job Function (indicate below) |
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PRIMARY END PRODUCT AT YOUR LOCATION

METHOD OF PAYMENT

Please remit application and check/money order payment to:

SME
 Attn: Certification
 1000 Town Center, Suite 1910
 Southfield, MI 48075

Credit Card Number: _____ Expiration (MM/YY): _____
 Cardholder Address: _____ City: _____
 State/Province: _____ Zip Code: _____ Country: _____

<p style="text-align: center;">Manufacturing ENGINEERING</p> <p>Would you like to receive or continue to receive magazine free of charge? SME members enjoy a continuous, uninterrupted subscription.</p> <p style="text-align: center;">Yes No</p> <p>Type of Subscription: Digital Print Both</p> <p>Signature: _____</p> <p>Date: _____</p> <p><small>NONMEMBERS MUST QUALIFY TO RECEIVE A PRINT SUBSCRIPTION.</small></p> <div style="display: flex; align-items: center;"> <p>Download the app from iTunes® to read the magazine on your iPhone and iPad.</p> </div>	<p>CERTIFICATION AUTHORIZATION</p> <p>I hereby attest that all facts on this application are correct and no false information has been supplied. Further, I release SME to make any inquiries, which are necessary in ascertaining my qualifications for certification. I agree to abide by the decision of the Certification Oversight and Appeals Committee.</p> <p><input type="checkbox"/> SME may release my exam score to my employer, instructor, and/or school.</p> <p>Signature: _____</p> <p>Date: _____</p>
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NOTE: This application, along with the **Proctor Form and Agreement**, must be received by SME at least two weeks prior to your planned exam date.

All prices are subject to change without notice. Visit sme.org/EET for the latest information.