



Application for Certification Examination

REQUESTED EXAMINATION:

- \_\_\_ PART I /Professional Cost Estimating and Analysis (PCEA) -\$150 for members/\$275.00 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) - \$300.00 for members/\$475.00 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 the 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. List all applicable work experience in reverse chronological order. Please attach a resume of total work experience to the application. Work history provided with this application will be used to determine the certification level an applicant is qualified for. Post-Exam submission of additional work experience not included with this application will not be considered.

APPLICATION INSTRUCTIONS:

Application must be fully completed. Post-exam qualification/work history detail will not be accepted. Sign, date and email the application and required supporting documentation to iceaa@iceaaonline.org. Payment of the exam fee can be made on line or by check to ICEAA, 4115 Annandale Road, Suite 306, Annandale, VA 22003. 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 \_\_\_

ICEAA USE ONLY

Received \_\_\_ Member \_\_\_ Payment Received \_\_\_ Approval \_\_\_ Exam \_\_\_

<b>General Education</b> (Diploma/Degree/Certificate)	<b>University or College and Location</b>	<b>Field of Concentration</b>	<b>Year</b>

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

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

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

<b>Level</b>	<b>Type</b>	<b>Dates</b>

**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.

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