

# AACE® International CCC™/CCE™ Certification Application



Please type or print all responses.

**This application is for certification as a Certified Cost Consultant™ / Certified Cost Engineer™ (CCC™/CCE™)**

Certification Office Use Only

I plan to attend the examination scheduled on \_\_\_\_\_.  
 I prefer to take the test at the \_\_\_\_\_ location.

*Note: See AACE®'s website at [www.aacei.org](http://www.aacei.org) for a list of locations or call AACE® Headquarters.*

## GENERAL INFORMATION:

Indicate the address where you wish to receive correspondence.  Home  Work

Name (please print as it will appear on certificate): \_\_\_\_\_  
 Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_ Home E-mail: \_\_\_\_\_  
 Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
 Company Address (City/State/Zip): \_\_\_\_\_  
 Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_ Company E-mail: \_\_\_\_\_

## AACE® INTERNATIONAL MEMBERSHIP INFORMATION:

**Are you a member of AACE® International?**  Yes  No  
**Are you a member of a local section?**  No  Yes, the \_\_\_\_\_ section.  
**Membership Grade**  Honorary Member  Full Member  Associate Member  Fellow  Former Member  Currently applying for membership

## EDUCATION INFORMATION:

Attach a copy of each diploma received or a transcript from each college/university. If no degree received, indicate number of hours earned toward degree: \_\_\_\_\_.

College/University _____	College/University _____
City, State or Province, Country _____	City, State or Province, Country _____
Degree and Major _____	Degree and Major _____
Date Received _____	Date Received _____

## OTHER REGISTRATIONS/LICENSES HELD:

Attach one copy of each registration/license listed.

State/Province	License Number	Type or Field
1. _____	_____	_____
2. _____	_____	_____

## WORK EXPERIENCE:

List chronologically, most recent first. Attach additional sheets as necessary to fulfill experience requirement of the minimum 4-8 years for CCC™/CCE™.

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Work Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_  
 Job Duties: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Title: \_\_\_\_\_  
 Company Name: \_\_\_\_\_  
 Work Mailing Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_  
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 E-mail: \_\_\_\_\_  
 Immediate Supervisor: \_\_\_\_\_  
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## CERTIFICATION FEES:

	<i>Early Fee</i>	<i>Regular Fee*</i>
<i>AACE® International Members</i> .....	US\$300	US\$350
<i>Nonmembers</i> .....	US\$450	US\$500

Check or money order enclosed     Visa     MasterCard     American Express     Discover     Eurocard     Access

Name on Card: \_\_\_\_\_

Total Remitted: US\$ \_\_\_\_\_

Mailing Address for Card: \_\_\_\_\_

CDN\$ \_\_\_\_\_

Card Number: \_\_\_\_\_

Security Code (on back): \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

*Note: Applicants who cancel or reschedule after the application deadline will be subject to a \$100 re-sit fee if they wish to be scheduled for the next exam.*

**TRANSACTIONS CANNOT BE PROCESSED WITHOUT THE CREDIT CARD SECURITY CODE.  
ALL FEES ARE NONREFUNDABLE.**

## AFFIRMATION:



Having read the criteria for certification, and believing myself to be fully qualified, I hereby apply for certification by examination. I declare that all the submitted information is correct to the best of my knowledge and belief. In making this application, I fully understand it is for enrollment purposes only. To complete the certification process, I will execute the necessary documents, submit to written examinations as required, be present for oral interviews if necessary, and supply further information as determined by the AACE® International Certification Board. I further understand, and by my signature subscribe to, the AACE® International Canon of Ethics, with the knowledge that any false statement or misrepresentation that I may make in the course of these certification proceedings may result in the revocation of this application and the issuance of a complaint of violation.

Further, it is agreed that:

- a. all information and data submitted with this application will be used by AACE® International only to verify the expertise of the applicant, and such information will not be divulged to any other person.
- b. the applicant hereby authorizes AACE® International to investigate and verify all information, references, and other data and attachments to this application.
- c. the applicant agrees to hold all information, interview contents, tests, and other certification matters in the strictest of confidence. Such information shall not be copied or divulged in any way.
- d. the AACE® International, Inc. certification program is administrated by AACE International, Inc. for the benefit of applicants. As an applicant, I agree to hold AACE® International harmless from any consequences of acceptance or rejection of this application and to hold AACE® International, Inc. harmless from statutory violations or conflicts of this program.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**Note:** This original application must be received by AACE® International by the deadline date posted on AACE®'s website. AACE® reserves the right to reject any late application and/or to schedule late applicants for a subsequent examination date.

The application is valid for a period of one year's exam cycle after the original application date. If you do not take the exam within that time, you must wait for one full year before being eligible to submit a new application with appropriate fees.

**Please complete all applicable sections and provide appropriate verification so that your application can be quickly processed.**

**If you are handicapped and require special access or other accommodations, please attach a separate sheet detailing your requirements. Thank you.**

### QUESTIONS?

#### Address:

209 Prairie Ave  
Suite 100  
Morgantown,  
WV 26501 USA

#### Phone:

800.858.COST  
304.296.8444

#### Fax:

304.291.5728

#### E-mail:

info@aacei.org

#### Internet:

www.aacei.org

### Return completed application to:

Certification Office  
AACE International  
209 Prairie Avenue, Suite 100  
Morgantown, WV 26501 USA



## Verification of Employment

AACE® cannot accept your resume/vitae as verification of employment or your degree. Verification of work can simply be a short paragraph from your supervisor stating how long you have worked there and a brief description of your duties. If you are unable to contact a previous employer, we will accept a statement from your current employer that they did check your previous employment and verifying what they found. If you are self-employed, you can write a short paragraph explaining your work situation and then have the signature notarized. To verify a degree, we will accept a copy of your diploma or transcripts from the awarding college/university.

## Cancellation/Refund Policy

The application fee is non-refundable. An applicant scheduled to take an examination who fails to appear at the scheduled time and place is required to pay a re-sit fee of \$100.00 before rescheduling to take the examination a later date. Exceptions should be requested in writing to the AACE® Certification Board.

## Recertification Helps a CCC™/CCE™ Stay Current

The CCC™/CCE™ designation is versatile. It is a mark of distinction.

Recertification is an important indicator to professionals and employers that you have kept up with current trends in planning & scheduling. That is why a CCC™/CCE™ must recertify every 3 years by either professional credit plan or re-testing. Recertification ensures continued expertise through work experience, continuing education, professional development, and active involvement in the profession.

## Questions?

For further information on this or any other questions you may have, please contact AACE® International's Headquarters:

**Address:** 209 Prairie Avenue  
Suite 100  
Morgantown, WV 26501  
USA

**Phone:** +1.800.858.2678  
+1.304.296.8444

**Fax:** +1.304.291.5728

**Email:** [info@aacei.org](mailto:info@aacei.org)

**Internet:** [www.aacei.org](http://www.aacei.org)



AACE® International is a 501(c)3 non-profit professional association Promoting the Planning and Management of Cost and Schedules.

Since 1956, AACE® International has provided its members with the resources they need to enhance their performance and ensure continued growth and success. With over 7,000 members world-wide, AACE® International serves cost management professionals: planners and schedulers, project controls managers, cost managers and engineers, project managers, estimators, claims professionals, and value engineers. AACE® International has members in nearly 80 countries and currently includes over 80 local sections.

AACE® has been certifying individuals as Certified Cost Consultants™ (CCC™)/Certified Cost Engineers™ (CCE™) since 1976, Certified Cost Technician™ (CCT™) since 2000, Planning & Scheduling Professionals™ (PSP™) since 2004, Earned Value Professionals™ (EVP™) since 2005, Certified Forensic Claims Consultants™ (CFCC™) since 2007, and Certified Estimating Professionals™ (CEP™) since 2008. Find us on the web at [www.aacei.org](http://www.aacei.org).

