

# American Society of Professional Estimators



## MEMBER CONTINUING CERTIFICATION APPLICATION

### CONFIDENTIAL

Name \_\_\_\_\_ Chapter No. \_\_\_\_\_  
Date Received \_\_\_\_\_ Certificate No. \_\_\_\_\_  
Payment Received \_\_\_\_\_ Renewal Date \_\_\_\_\_  
Member Status \_\_\_\_\_

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## Continuing Certification Application Instruction

**READ** instructions carefully before completing this application. If additional space is required, type your information on a blank white sheet of paper and attach it to the back of your application. Note the attachments at the section header - label additional information accordingly. **Do not forget to attach ALL back-up pertaining to your point claims.**

**COVER PAGE:** Leave bottom section blank for use by the Society Business Office.

**SECTIONS 1-3:** Fill in appropriate information. Abbreviations for Street, Avenue, Boulevard, and states are acceptable. Check preferred mailing address.

**SECTION 4:** If you are a General Construction Estimator, use Discipline 1.4. Refer to the Master Format contained in the Standard Estimating Practice Manual for the correct discipline. Fill in your Certificate number and Date of Issue and Expiration Date.

**SECTION 5:** Fill in payment information. Enclose appropriate Continuing Certification fee as indicated.

**SECTION 6:** Complete the Continuing Certification Point Schedule (sections A-I). Be sure to attach the appropriate signatures and back up justifying your points.

A. A total of 30 points must be earned from at least three (3) of the ten- (10) levels.

B. Please note verification requirements for each category.

Each level will have a subtotal. Total all level subtotals - Levels A-I on page 9.

**SECTION 7:** Attestment shall be signed and dated by the applicant. Forward all information to the Society Business Office with the appropriate back-up and continuing certification fee.

**SECTION 8:** Reserved for comments by the Certification Board.

### CONTINUING CERTIFICATION PROCEDURES

1. Continuing Certification Applicants must complete the application in strict compliance with the instructions and forward to the Society Business Office prior to the expiration date of their Certificate.
3. The Society Business Office records and verifies the following:
  - a. Date received
  - b. Payment received
  - c. Certification Number
  - d. Renewal Date
  - e. Membership Status
  - f. Conformance with Instructions
  - g. Completeness of Documentation List and Attachments
4. The Society Business Office forwards processed application to Regional Certification Board Member for review.
5. Your Regional Certification Board Member reviews application and forwards it to the Society Business Office with recommendation for action. Application is kept on file at SBO.
6. The Society Business Office forwards new Certificate to Chapter Certification Chair to be presented at Chapter meeting. MALs will receive their certificate directly.

**AMERICAN SOCIETY OF PROFESSIONAL ESTIMATORS**  
Continuing Certification Application – Member – Chapter \_\_\_\_\_

**1. NAME AND DATE OF BIRTH**

\_\_\_\_\_

Last Name	First Name	Middle Initial	Date of Birth
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**Preferred Mailing Address**       **HOME**       **BUSINESS**

**2. HOME ADDRESS**

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City	State	Country	Zip Code
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\_\_\_\_\_

E-Mail Address	Area Code and Telephone Number
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**3. BUSINESS ADDRESS**

\_\_\_\_\_

Company Name

\_\_\_\_\_

Number and Street

\_\_\_\_\_

City	State	Country	Zip Code
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E-Mail Address	Area Code and Telephone Number
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**4. CERTIFICATION NUMBER AND DATE OF ISSUE**

\_\_\_\_\_

Certification Number	Date of Issue	CSI Discipline	Cert. Expiration
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**5. APPLICATION FEE**

Continuing Certification Fee - \$50.00 Payable in U.S. Funds (Non-refundable)

Amount Enclosed \$ \_\_\_\_\_       Business Check       Personal Check       Money Order

**Credit Card Payment**      **Check one:**       Visa       MasterCard        
AMEX

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ CV2  
# \_\_\_\_\_  
(Last 3 digit code on back of  
card)

Name Printed On Card \_\_\_\_\_ Signature \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

6. CONTINUING CERTIFICATION POINT SCHEDULE

A. NATIONAL LEVEL					
Description	Possible Points	Year 1	Year 2	Year 3	Total Points
<b>1. Trustees</b>	<b>10/yr</b>				
<b>2. Committee or Tech. Board Chair</b>	<b>7/yr</b>				
a. Subcommittee Chairman	<b>5/yr</b>				
b. Committee Member	<b>3/yr</b>				
<b>3. Convention Registrant</b>	<b>5/yr</b>				
a. Voting Delegate	<b>2/yr</b>				
<b>4. Convention Activities</b>					
a. Attend all Committee Workshops	<b>1/yr</b>				
b. Attend all Education Seminars	<b>1/yr</b>				
c. Present Seminar	<b>2/yr</b>				
d. Present Committee Workshop	<b>1/yr</b>				
<b>5. General Activities</b>					
a. Contribute Time & Effort for National Interest	<b>3/yr MAX</b>				
b. Technical Article for Estimator	<b>5/yr MAX</b>				
Non-Technical Article for Estimator 1 point for every 500 words * 1 point per 500 words maximum allowed	<b>5/yr MAX</b>				
Proctored GEK Exam (1 point per exam date)	<b>2/yr MAX</b>				
Proctored DST Exam (1 point per exam date)	<b>2/yr MAX</b>				
f. Conduct Certification Workshop	<b>1/yr MAX</b>				
<b>POINTS CLAIMED</b>					
<i>Verified By Society Business Office</i>					
<i>Signature:</i>			<i>Date:</i>		
<i>Points Approved By National Certification Board Member</i>					
<i>Initials:</i>			<i>Date:</i>		

<b>B. SOCIETY COMMITTEE &amp; TECHNICAL BOARD LEVEL</b>					
<b>Description</b>	<b>Possible Points</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total Points</b>
<b>6. Committee Support Activities</b>	<b>10/yr MAX</b>				
a. Contribute to SEP Manual					
b. Edit portions of Sep Manual	<b>5 per edit</b>				
c. Technical Paper Content Review * 1 point per Technical Paper Review	<b>1/Paper</b>				
d. DST Questions & Problems Review (100 questions & 2 problems) * 10 points for 100 questions and 2 problems	<b>10/set</b>				
e. Write DST Questions and Problems * 15 points for each DST Problem/Questions after approval by the Certification Board	<b>15/yr</b>				
<b>POINTS CLAIMED</b>					
<i>Reviewed and Approved by Standards Board Chair (6a. &amp; b.)</i>					
<i>Signature: _____ Date: _____</i>					
<i>Reviewed and Approved By Certification Board Chair (6c., d., &amp; e.)</i>					
<i>Signature: _____ Date: _____</i>					

<b>C. REGIONAL LEVEL</b>					
<b>7. Regional Activities</b>					
a. Attend Regional Meeting	<b>1/mtg.</b>				
b. Organize Regional Meeting	<b>2/mtg.</b>				
c. Attend all Activities	<b>1/mtg.</b>				
d. Present Seminar	<b>2/yr. MAX</b>				
e. Present Committee Workshop	<b>1/yr. MAX</b>				
<b>POINTS CLAIMED</b>					
<i>Reviewed by Regional Governor</i>					
<i>Signature: _____ Date: _____</i>					
<i>Points Approved By National Certification Board Member</i>					
<i>Initials: _____ Date: _____</i>					

<b>D. CHAPTER LEVEL</b>					
<b>Description</b>	<b>Possible Points</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total Points</b>
<b>8. Officer or Director</b>	<b>5/yr</b>				
<b>9. Committee Chairman</b>	<b>4/yr.</b>				
<b>10. Committee Member</b>	<b>2/yr.</b>				
<b>Monthly Meetings (75% meetings per)</b>	<b>3/yr.</b>				
<b>12. Article for Newsletter</b>	<b>3/yr. MAX</b>				
<b>13. Contribute Time and Effort to Chapter Activities</b>	<b>2/yr. MAX</b>				
<b>14. Pro-Tem President</b>	<b>2/yr.</b>				
<b>15. Charter Member (one time)</b>	<b>1</b>				
<b>POINTS CLAIMED</b>					
<i>Reviewed by Chapter Officer</i>					
<i>Signature: _____ Date: _____</i>					
<i>Points Approved By National Certification Board Member</i>					
<i>Initials: _____ Date: _____</i>					

<b>E. EDUCATIONAL LEVEL</b>					
<b>Description</b>	<b>Possible Points</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total Points</b>
<b>16. Teach Estimating Class</b>	<b>0.5/cl hr</b>				
<i>Reviewed by Department Head/Dean</i>					
<i>Signature: _____ Date: _____</i>					
<i>Points Approved By National Certification Board Member</i>					
<i>Initials: _____ Date: _____</i>					
<b>17. Guest Lecturer Estimating Class</b>	<b>1/cl hr.</b>				
<i>Reviewed by Instructor</i>					
<i>Signature: _____ Date: _____</i>					
<i>Points Approved By National Certification Board Member</i>					
<i>Initials: _____ Date: _____</i>					
<b><i>In order to claim the points listed below, attach the appropriate documentation.</i></b>					
<b>18. Speaker Construction Seminar</b>	<b>1/ cl hr.</b>				
<b>19. Attend Estimating Courses</b>	<b>0.25/cl hr</b>				
<b>20. Attend Construction Seminar</b>	<b>0.25/cl hr</b>				
<b>POINTS CLAIMED</b>					
<i>Reviewed and Approved by National Certification Board Member</i>					
<i>Signature: _____ Date: _____</i>					

F. PROFESSIONAL LEVEL					
21. Manager of Estimating	4/yr				
22. Chief Estimator	3/yr				
23. Estimator	2/yr				
24. Self-Employed Estimator	5/yr				
<b>POINTS CLAIMED*</b>					
<b>*ONLY ONE CATEGORY CAN BE CLAIMED IN ANY YEAR</b>					
<i>No verification is required for these points since you attest to the correctness of the points claimed at the end of this application. (Only one category can be claimed per year.)</i>					
<i>Points Approved By National Certification Board Member</i>					
<i>Initials:</i>			<i>Date:</i>		

G. PUBLICATIONS LEVEL					
Description	Points Possible	Year 1	Year 2	Year 3	Total Points
25. Published an Estimating Book	25/book				
26. Published a Technical Paper in the Estimator	2/paper				
In order to claim the points listed above, enclose the appropriate documentation.					
<b>POINTS CLAIMED</b>					
<i>Reviewed by National Certification Board Member</i>					
<i>Signature:</i>			<i>Date:</i>		
<i>Points Approved By National Certification Board Member</i>					
<i>Initials:</i>			<i>Date:</i>		

H. INDUSTRY LEVEL					
Description	Points Possible	Year 1	Year 2	Year 3	Total Points
27. Contribute Time & Effort to other Construction Associations* <i>* Candidate to provide documentation from other associations.</i>	2/yr MAX				
An ASPE Member familiar with your contributions may only verify these points. Attach the appropriate documentation from ASPE member.					
<i>Verified by ASPE Member</i>					
<i>Signature:</i>			<i>Date:</i>		
<i>Reviewed and Approved by National Certification Board Member</i>					
<i>Signature:</i>			<i>Date:</i>		

<b>I. PROFESSIONAL REGISTRATION</b>					
<b>Description</b>	<b>Point Possible</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>	<b>Total Points</b>
<b>28. Professional License or Registration</b>	<b>4/yr</b>				
Submit a copy of your Professional License or Registration					
<i>Verified by Business Office Registration/License Attached</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>					
<i>Signature:</i>					
<i>Points Approved by National Certification Board Member</i>					
<i>Signature:</i>					
<i>Date:</i>					

<b>POINT TOTALS</b>	
<b>LEVEL</b>	<b>POINTS</b>
Level A	
Level B	
Level C	
Level D	
Level E	
Level F	
Level G	
Level H	
Level I	
<b>TOTAL POINTS</b>	

**7. ATTESTMENT**

*I certify that the statements in this application are correct and I agree to be governed by the rules and regulations of the Certification Program and the Society.*

*Applicants Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**8. APPROVAL**

<b>Continuing Certification Granted</b>	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
Recommended by Regional Certification Board Member		
Signature: _____ Date: _____		
Region: _____		
Comments: _____		
_____		
_____		