

CEM[®] APPLICATION

Seminar Type: Live Online On-demand

Seminar Name / Date / Location: _____

Exam Type: Live Remote Testing

Exam Date / Location: _____

(Complete Date/Location for live exam only)

NOTE: The following information is to be filled out as completely as possible. Please read the [Candidate Handbook / Information for Applicants](#) very carefully, and follow instructions for completing and forwarding forms. It is important that the AEE Certification Board have substantiating data for each criteria indicated in the application. APPLICATIONS MUST BE ACCOMPANIED BY THE \$400.00 FILING AND EXAMINATION FEE IN ORDER TO BE CONSIDERED. **THIS APPLICATION DOES NOT AUTOMATICALLY REGISTER YOU FOR THE REQUIRED TRAINING SEMINAR.** PLEASE COMPLETE SEPARATE SEMINAR REGISTRATION. To view seminar options, visit www.aeecenter.org/CEM/training.

Mail application and payment to:

AEE – CEM Certification Dept.
3168 Mercer University Drive
Atlanta, GA 30341

OR fax to: 770-447-4354

Payment enclosed \$ _____ Ck# _____
Amex _____ Visa _____ MasterCard _____ Discover _____
Credit Card#: _____
Expiration Date: _____ CVV: _____
Billing Address: _____
City: _____ State: _____ ZIP code: _____
Signature: _____

Personal Data (Please print or type)

File Number: _____ (AEE Internal Use Only)

Full legal name as it will appear on certificate:

Mr. Ms. Last Name: _____ Legal First Name: _____ Middle Initial: _____

Job Title: _____

Firm Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____ Country: _____

Phone: _____ Fax: _____ Business E-mail: _____

Residence Address: _____

City: _____ State: _____ ZIP code: _____ Country: _____

Mobile Phone: _____ Personal E-mail: _____

Address Requested for Correspondence: Business Residence

E-mail Address Requested for Correspondence: Business Personal

DIVISION I – EDUCATION

List in chronological order the name and location of each college or university from which you have earned a degree.

Please arrange for Official College Transcripts where degree was issued to be forwarded to AEE, but do not delay filing of application for this reason.

Note: If there is a possibility that the name that appears on your transcript may be different from the name that you currently use (ie. your maiden name), please provide that name here: _____

Name & Location Of Institution	Years From - To	Date Graduated	Degree Received	Field In Which Degree Was Issued

DIVISION II – PROFESSIONAL REGISTRATION

I am a Professional Engineer: yes no
I am a Registered Architect: yes no

If you answered yes to any of the above, complete the following and **enclose a copy of your registration. Registration must indicate that license is currently in force.**

State	Registration No.	Date	Now in Force
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no

Have any states revoked or suspended your registration? yes no
If yes, please explain:

DIVISION III – EXPERIENCE RECORD

Applicant should forward one copy of the Employment Verification Form to each employer for those periods which apply to Certification Eligibility. *Forms may be completed by immediate superiors or personnel officers and must be returned directly to AEE.* Please complete the following in chronological order and list the most recent employer first. Include a description of job functions held for those periods of employment, which qualify you for specific category of certification as applied for. This form may be copied if additional space is needed.

Date: From-To (mm/yy – mm/yy)	Employer Name & Address	CONCISE STATEMENT OF ENERGY-RELATED WORK PERFORMED
TITLE OF POSITION		
Date: From-To (mm/yy – mm/yy)	Employer Name & Address	CONCISE STATEMENT OF ENERGY-RELATED WORK PERFORMED
TITLE OF POSITION		
Date: From-To (mm/yy – mm/yy)	Employer Name & Address	CONCISE STATEMENT OF ENERGY-RELATED WORK PERFORMED
TITLE OF POSITION		
Date: From-To (mm/yy – mm/yy)	Employer Name & Address	CONCISE STATEMENT OF ENERGY-RELATED WORK PERFORMED
TITLE OF POSITION		

AFFIDAVIT

I _____ (Name), having completed the aforementioned to the best of my ability, do hereby apply for AEE Certified Energy Manager Certification and wish to take the CEM Examination.

I hereby agree (a) to be bound by terms and provisions of the Certificate of Incorporation of the Association of Energy Engineers, its by-laws and such other regulation as may from time to time be in force, so far as they may affect me; (b) to indemnify and hold harmless each and all of your members, Board of Directors, Certification Board, officers, examiners and agents from and against any liability whatsoever in respect to any act or omission by you or them or any of them in connection with this application, the examination, the grades given upon such examination, and/or the granting or issuance of or failure to grant or issue a certificate to me; (c) that any prescribed fee paid by me is not refundable; and (d) that any certificate granted or issued me shall remain the property of the Association. I certify that all the information contained in this application is correct to the best of my knowledge.

I further pledge myself hereby to the highest ethical standards in the practice of energy engineering/management and hereby agree to abide by the Code of Ethics for Certified Energy Managers (www.aeecenter.org/CEMCodeOfEthics).

Signature in Full _____

Date: _____

CERTIFICATION DOCUMENTS CHECKLIST

Please read the [Candidate Handbook / Information for Applicants](#) very carefully, and follow instructions for completing and forwarding forms.

The following items need to be submitted to complete your application:

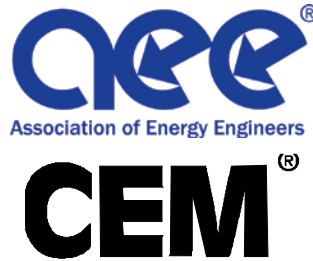
Application – pages 1-4

Letter of Employment and Job Duties Verification - pages 5-6 (years of experience needed vary with education)

Letter of Client Verification – pages 7-8 (three needed to verify self-employment)

Official college transcripts

Professional Registration (PE or RA registration may be submitted in lieu of transcripts)



**REQUEST FOR EMPLOYMENT AND
JOB DUTIES VERIFICATION**
Certified Energy Manager

From: _____

To: _____ Date: _____

Dear _____:

I am applying to the Association of Energy Engineers for Certification as an Energy Manager. In this regard, I hereby authorize your release of the requested information enclosed which verifies my employment and duties from the period _____ to _____.

Please furnish the requested information as completely as possible, and ***return to AEE Certification Board.***

The receipt of replies will be reported by AEE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for Energy Manager Certification.

Applicant Signature

NOTE: If self-employed, complete letter of client verification.

APPLICANT COMPLETE / Attach to Cover Letter

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

LETTER OF EMPLOYMENT and JOB DUTIES VERIFICATION

The following information verifies the employment and duties of the above applicant for AEE Certification.

Company: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP code: _____

The above named applicant was (has been) employed by our company from _____ to _____ and has held the following positions:

_____	Dates: _____
_____	Dates: _____
_____	Dates: _____
_____	Dates: _____

Please fully describe the energy-related responsibilities of the applicant **(REQUIRED)**. Attach descriptions if necessary to answer fully. **Forms with incomplete details will not be processed.**

To the best of my knowledge, and our employment records, I hereby attest that the above information is true and correct.

Name of person supplying information: _____
(Please type or print)

Official Title of Respondent: _____

Signature: _____ Date: _____

You may be contacted by AEE as a random sample to confirm and verify information provided.

**Return to: AEE CERTIFICATION BOARD – CEM
3168 MERCER UNIVERSITY DRIVE
ATLANTA, GEORGIA 30341**



REQUEST FOR CLIENT VERIFICATION Certified Energy Manager

From: _____

To: _____ Date: _____

Dear _____:

I am applying to the Association of Energy Engineers for Certification as an Energy Manager. In this regard, I hereby authorize your release of the requested information enclosed which verifies my employment and duties from the period _____ to _____.

Please furnish the requested information as completely as possible, and ***return to the AEE Certification Board.***

The receipt of replies will be reported by AEE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for Energy Manager Certification.

Applicant Signature

NOTE: Complete this form only if self-employed – furnish three (3) client verification letters.

APPLICANT COMPLETE / Attach to Cover Letter

Name: _____

Address: _____

City: _____ State: _____ ZIP code: _____

CLIENT COMPLETE / LETTER OF CLIENT VERIFICATION

The following information verifies the Contractor/Consultant and duties of the above applicant for AEE Certification.

Company: _____ Telephone: _____

Address: _____

City: _____ State: _____ ZIP code: _____

The above contractor/consultant has provided service(s) to our company from:

_____ to _____

Please fully describe the energy-related responsibilities of the applicant **(REQUIRED)**. Attach descriptions if necessary to answer fully. **Forms with incomplete details will not be processed.**

To the best of my knowledge, I hereby attest that the above information is true and correct.

Name of person supplying information: _____
(Please type or print)

Official Title of Respondent: _____

Signature: _____ Date: _____

You may be contacted by AEE as a random sample to confirm and verify information provided.

**Return to: AEE CERTIFICATION BOARD – CEM
3168 MERCER UNIVERSITY DRIVE
ATLANTA, GEORGIA 30341**