

AACE International CFCC Certification Application

Please type or print all responses.

This application is for certification as a Certified Forensic Claims Consultant (CFCC)



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

Note: See **Cost Engineering** journal or our website at 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: _____

City: _____ State/Province: _____ Postal Code: _____

Home Phone: _____ Home Fax: _____ Home E-mail: _____

Company Name: _____ Job Title: _____

Company Address: _____

City: _____ State/Province: _____ Postal Code: _____

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.

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 CERTIFICATIONS/REGISTRATIONS HELD:

Attach one copy of each registration/license held. All candidates must have at least one of the following professional certifications - **Certified Cost Consultant/Certified Cost Engineer (CCC/CCE), Planning & Scheduling Professional (PSP), Certified Construction Manager (CCM), Certified Professional Constructor (CPC), Professional Engineer (PE), Registered Architect (RA), or Chartered Quantity Surveyor (CQS)**. If a candidate does not possess one of these certifications, they may substitute an additional 8 years of claims-related experience in lieu of the certification.

Certification/Registration	Identification Number	State/Province (if applicable)
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1. _____	_____	_____
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2. _____	_____	_____
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LETTERS OF RECOMMENDATION:

Four (4) letters of recommendation from Industry professionals (attorneys, in-house legal counsel, and/or clients, past or present) familiar with the candidate's claims-related experience must accompany the application. Please identify those persons providing recommendations on your behalf.

1. _____ 2. _____

3. _____ 4. _____

WORK EXPERIENCE:

List chronologically, most recent first. Attach additional sheets as necessary to fulfill experience requirement. If you do NOT have the minimum 8-years experience (or 16 years without the certification/registration), do not submit your application at this time.

From: _____ To: _____ Title: _____
Company Name: _____
Work Mailing Address: _____
City: _____ State/Province: _____ Postal Code: _____
Phone: _____ Fax: _____
E-mail: _____
Immediate Supervisor: _____
Job Duties: _____

From: _____ To: _____ Title: _____
Company Name: _____
Work Mailing Address: _____
City: _____ State/Province: _____ Postal Code: _____
Phone: _____ Fax: _____
E-mail: _____
Immediate Supervisor: _____
Job Duties: _____

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Job Duties: _____

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Company Name: _____
Work Mailing Address: _____
City: _____ State/Province: _____ Postal Code: _____
Phone: _____ Fax: _____
E-mail: _____
Immediate Supervisor: _____
Job Duties: _____

WRITTEN REPORT OR PROFESSIONAL PAPER

An expert report submitted as evidence, a formal claim submittal, or a professional paper accepted for publication, any of which has been written within the last 24 months, must accompany this application.

CHECKLIST

- ___ Application (Including documentation for education and other certification requirements)
- ___ Payment
- ___ 4 Letters of Reference
- ___ Written Report or Professional Paper
- ___ Original, signed copy of the applicant conditions page (last page of application)



AACE International makes every effort to reasonably accommodate candidates with documented disabilities as defined by the Americans with Disabilities Act (ADA). If you have a disability as defined under ADA, you must notify AACE at the time of the application submission in order to assure the necessary special testing accommodations.

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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: _____

 Card Number: _____
 Expiration Date: _____
 Signature: _____

Total Remitted: US\$ _____
 CDN\$ _____
 Security Code (on back): _____

Note: Applicants who cancel or reschedule after the application deadline will be subject to a \$950 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:



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

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.

Return completed application to:

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

