

**Pennsylvania State Registration Board for
 Professional Engineers, Land Surveyors and Geologists**

FOR OFFICE USE ONLY	
Date Received	
AMOUNT PAID	INITIALS

BOARD APPLICATION FOR ENGINEERING-IN-TRAINING (EIT) CERTIFICATION FORM

This form is to be used by a first-time applicant who has PASSED the Fundamentals of Engineering (FE) examination and is pursuing an Engineering-in-Training (EIT) certificate in Pennsylvania.

ALL application information is mandatory. DO NOT alter any of the information printed on this application. Application must be typed OR printed in black ink.

1. NCEES ID NUMBER (7 DIGIT #) _____

2. SOCIAL SECURITY NUMBER _____ - _____ - _____

3. DATE OF BIRTH _____ / _____ / _____

4. LEGAL NAME: (This must be identical to the name on your government-issued ID that you will take to the exam.)

**If any application documents will be sent in a prior name you MUST submit one of the following: a copy of your marriage certificate, a copy of a divorce decree that indicates the retaking of your maiden name or other legal court document supporting a legal name change

Title (check one) Mr. Mrs. Ms. Miss

_____ FIRST	_____ MIDDLE	_____ LAST
_____ MAIDEN/PREVIOUS	_____ SUFFIX	

5. CONTACT INFORMATION (mailing address):

_____ CITY	_____ STATE	_____ ZIP CODE + 4	_____ FOREIGN POSTAL CODE
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EMAIL (Do NOT provide unless you agree to be contacted by PCS and/or the Board by E-Mail)

_____ Daytime Telephone Number	_____ Evening Telephone Number	_____ Fax Number
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APPLICATION AND CERTIFICATION FEE: \$110. Payment must be by credit card (Visa, MasterCard or Discover), certified check or money order made payable to Professional Credential Services. **The fee for the NCEES FE examination is a separate fee from the Board application fee.** You will pay the Board Application fee directly to the Professional Credential Services (PCS), and the examination fee to NCEES. **Application fees are NOT REFUNDABLE.**

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6. Qualifications:

You must have graduated with a BS Degree from an ABET Accredited program. Complete the table below and have your College or University mail a Final Official Transcript documenting the conferral of your degree **DIRECTLY to PCS**. Transcripts will not be accepted if sent by the student, even if it is in a sealed envelope. These transcripts are marked "Issued to Student" and will therefore not be accepted. Electronic copies are also NOT acceptable.

EDUCATION INFORMATION:

DEGREE	UNIVERSITY/COLLEGE NAME	CAMPUS ADDRESS (CITY, STATE)	MAJOR	CONFERRAL DATE
BS				

7. Verification of Examination Results:

Passed the NCEES fundamentals of engineering examination in Pennsylvania:
 On: ___/___/___

Check here if you successfully completed the NCEES fundamentals of engineering examination (FE) in another state and **did not receive** an engineer-in-training certificate.

In the State of: _____ Passed on: ___/___/___

Check here if you successfully completed the NCEES fundamentals of engineering examination (FE) in another state and **were issued** an engineer-in-training certificate; if you were issued an engineer-in-training certificate, you must contact the registration agency in that state and request they provide official verification of the exam results and your EIT certificate directly to PCS.

In the State of: _____ Date issued: ___/___/___ Certificate # _____

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8. The Following Questions Must Be Answered:		
<p>If any of the answers are "YES" to a criminal OR disciplinary matter you must attach an 8 1/2" x 11" sheet of paper bearing your signature that provides the Board with a full explanation of the matter. You must also submit certified copies of any and all court documents pertaining to any legal matter, (documents shall include all charging documents, final disposition, sentencing requirements and proof of completion of any sentence imposed). Certified Documents cannot be accepted electronically (fax or E-mail). Additionally, you should note that any "Yes" response will require Board review to determine if you qualify for EIT certification; however, answering "Yes" to any of the following questions will not result in the automatic denial of your application.</p>	YES	NO
<p>Do you hold, or have you ever held, a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction?</p>		
<p>If you answered yes to the above question, please provide the profession and state or jurisdiction. Please do not abbreviate the profession.</p> <hr/>		
<p>Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline? If action was taken in Pennsylvania – Certified copies NOT required.</p>		
<p>Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?</p>		
<p>Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?</p>		
<p>Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.</p>		
<p>Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?</p>		

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9. Affidavit: Applicant must read the following paragraph and sign below attesting to the following:

I certify that the statements in this application are true and correct to the best of my knowledge, information and belief and that I am of good moral character.

I verify that this form and its attachments are in the original format as supplied Professional Credential Services and *has not been altered or otherwise modified in any way.*

I understand that any false statement made is subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities and may result in the suspension or revocation of my license or certificate. I understand that it is my responsibility to provide all of the required information and documentation to PCS. Failure to do so will make me ineligible for EIT certification.

I understand that fees are subject to change. I understand that the money that I have paid for EIT certification is non-refundable.

I further understand that submission of this form acknowledges that I understand and agree to all provisions contained in this form.

Signature: _____ **Date:** ____/____/____

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10. Social Security ACT Certification (Signature Mandatory):

This licensing board is obligated to inform each applicant or licensee from whom it requests a **Social Security number** on any application or form that disclosing such number **is mandatory** in order for this licensing board to comply with the requirements of the federal Social Security Act pertaining to child support enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa. C.S. § 4304.1(a).

In order to enforce domestic support orders, at the request of the Commonwealth's Department of Human Services (DHS), this licensing board must provide DHS information prescribed by DHS about the licensee, including the Social Security number.

In the event that this licensing Board takes disciplinary action against an applicant or licensee, this board may disclose their Social Security number if applicant or licensee voluntarily agrees to the disclosure of this information to the appropriate professional association.

This organization compiles information about individual applicants and licensees and transmits that information to other licensing boards in order to coordinate licensure and disciplinary activities between the individual states. If you do not voluntarily provide your Social Security number for this purpose, information about you will still be transmitted to this organization should this licensing board discipline you, but that information will not include your Social Security number.

I certify that I have read the above statement, understand the full intent and I do give this licensing board permission to report my Social Security number to the appropriate professional association or licensing board.

Signature: _____ **Date:** ____/____/____

Application form, Official Final Transcripts and/or supporting application documents **are not** accepted electronically (i.e. via Fax or E-mail).

Mail completed application form, fee, and all supporting application documents to:

Regular Mail:

Professional Credential Services/PA ENG
 P.O. Box 198728
 Nashville, TN 37219
 Toll-free (877) ENG-EXAM

Courier Address:

(Delivery Confirmation, FEDEX, UPS, Return Receipt, Signature Required, etc....)
 Professional Credential Services/PA ENG
 150 Fourth Avenue
 North Suite 800
 Nashville TN 37219

Credit Card Authorization

If paying by credit card, the following information must be supplied:

<input type="checkbox"/> Visa <input type="checkbox"/> MC	Card #:	
Amount:	Expiration Date:	3 Digit Sec. Code:
Print name appearing on card:		
Address:		
Email address:		
Authorized Signature:		