

FOR OFFICE USE ONLY	
BATES NUMBER	
AMOUNT PAID	INITIALS

<b>EXAMINATION ♦ CERTIFICATION ♦ LICENSURE</b>	
	<h1 style="margin: 0;">PENNSYLVANIA</h1> <h2 style="margin: 0;">ENGINEERING AND LAND SURVEYING</h2>
<b>SCHEDULING FORM PA11 FOR FUNDAMENTALS OF ENGINEERING EXAMINATIONS</b>	

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**10. SPECIAL ACCOMMODATIONS:** If you require special accommodations please check the appropriate box.

☐ **Special accommodations due to disability.**

In accordance with the provisions of the Americans with Disabilities Act (ADA), examination administration modifications are available for candidates who qualify. Such candidates must follow instructions posted on NCEES' website ([www.ncees.org](http://www.ncees.org)). Requests must be made **within the deadline specified by NCEES.**

☐ **Sabbath.**

Candidates who are members of religious faiths that cannot take the examination on the designated date are permitted to take the examination on an assigned alternate date and time. Such candidates must follow instructions posted on NCEES' website ([www.ncees.org](http://www.ncees.org)). Requests must be made **within the deadline specified by NCEES.**

## NCEES REGISTRATION INFORMATION

NCEES registration may open *after* the Pennsylvania Scheduling Form PA11 deadline. Therefore, if you do not have an NCEES ID Number prior to mailing Scheduling Form PA11 to PCS, please follow the steps below. If you do have an NCEES ID Number, simply write it on page 1 and disregard the steps below.

1. Submit payment and completed Scheduling Form PA11 to PCS by the deadline of December 1<sup>st</sup> for the April exam or July 1<sup>st</sup> for the October exam. Leave the "NCEES ID Number" space on page 1 blank if you do not have an NCEES ID Number.
2. Create an account and register for the exam with NCEES on their website: [www.ncees.org](http://www.ncees.org)
3. Once you have registered with NCEES, please send an email to [paeng@pcshq.com](mailto:paeng@pcshq.com) with "NCEES ID NUMBER" in the subject line and the following information in the message body:
  - Last Name, First Name
  - NCEES ID Number: \_\_\_\_\_ - \_\_\_\_\_

**EXAMINATION CHANGES:** The selections made at [www.ncees.org](http://www.ncees.org) will supersede your selections on this Scheduling Form if there is a discrepancy at the time of the deadline. If for any reason you decide to change your examination type or site, the change must be made in two places before the NCEES registration deadline:

1. Log into your NCEES account to change your selection at [www.ncees.org](http://www.ncees.org) (PCS cannot make this change for you).  
AND
2. Send an email to [paeng@pcshq.com](mailto:paeng@pcshq.com). Be sure to include your full name along with your request for changes. Changes to your examination type or site may not be made after the registration deadline, no exceptions.

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- 11. QUALIFICATIONS:** (Refer to the Law and Examination Qualifications for specific requirements.)
- Please indicate under which qualification you are applying for the Fundamentals of Engineering Examination (**CHECK ONLY ONE**). The documents listed below (i.e. Report of Student Status, transcripts, references, etc.) **must be received by December 1<sup>st</sup> for the April exam and July 1<sup>st</sup> for the October exam.**
- ☐ Currently enrolled as Junior/Senior level student in an ABET accredited B.S. engineering/technology program  
(complete the table below and submit a "Report of Student Status" form to your educational institution)
  - ☐ ABET accredited B.S. degree conferred in an engineering/technology program  
(complete the table below and request official transcripts from your college/university to be mailed directly to PCS; transcripts issued to students in sealed envelopes are not accepted)
  - ☐ Degree earned at non-U.S. (foreign) institution (complete the table below and a NCEES evaluation is required)
  - ☐ Experience - Four years experience which began prior to February 19, 1991  
(Must complete amplified record and submit with application and fee by the application deadline. Five (5) Reference Information forms must be distributed to each reference verifying the experience you listed on your amplified record.
  - ☐ Experience - Eight years experience which began on or after February 19, 1991  
(Must complete amplified record and submit with application and fee by the application deadline. Five (5) Reference Information forms must be distributed to each reference verifying the experience you listed on your amplified record.

**EDUCATION** (Must be completed by applicants applying under education).

UNIVERSITY/COLLEGE NAME AND CAMPUS ADDRESS	DATES ATTENDED	DID YOU GRADUATE?	TYPE OF DEGREE AND MAJOR

- 12. QUESTIONS:** The following questions must be answered. **If any of the answers are "YES," please attach a full explanation on an 8 1/2" x 11" sheet of paper and submit a certified copy of all relevant court and/or legal documents.** Answering "YES" to any of the following questions will not result in the automatic denial of your application. **Documentation MUST be received by December 1<sup>st</sup> for the April exam and July 1<sup>st</sup> for the October exam. Failure to do so will cause you to be ineligible for the examination.**
- A. Have you been convicted, found guilty or pleaded nolo contendere, or received probation without verdict or accelerated rehabilitative disposition (ARD) as to any felony or misdemeanor, including any drug law violations, or do you have any criminal charges pending and unresolved in any state or jurisdiction? You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.

B. Have you ever been disciplined (e.g., revocation, suspension, fine, reprimand) by an occupational licensing or certification board or commission in Pennsylvania or any other state?

C. Are there any disciplinary charges now pending against you by an occupational licensing or certification board or commission in Pennsylvania or any other state?

D. Have you ever withdrawn an application, had an application denied or refused, or agreed not to reapply for a license, certification or registration in **another state, territory or country?**

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

☐ Yes      ☐ No

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**13.** I hereby subscribe to and agree to abide by the following Code of Ethics: (your signature below indicates affirmation of this code)

It shall be considered unprofessional and inconsistent with honorable and dignified bearing for any professional engineer, professional land surveyor or professional geologists:

- a. To act for his client or employer in professional matters otherwise than as a faithful agent or trustee, or to accept any remuneration other than his stated recompense for services rendered.
- b. To attempt to injure falsely or maliciously, directly or indirectly, the professional reputation, prospects or business of anyone.
- c. To attempt to supplant another engineer, land surveyor, or geologist after definite steps have been taken toward his employment.
- d. To compete with another engineer, land surveyor or geologist for employment by the use of unethical practices.
- e. To review the work of another engineer, land surveyor or geologist for the same client, except with the knowledge of such engineer, land surveyor or geologist, or unless the connection of such engineer, land surveyor or geologist with the work has terminated.
- f. To attempt to obtain or render technical services or assistance without fair and just compensation commensurate with the services rendered; provided, however, the donation of such services to a civic, charitable, religious or eleemosynary organization shall not be deemed a violation.
- g. To advertise in self-laudatory language, or in any other manner, derogatory to the dignity of the profession.
- h. To attempt to practice in any field of engineering, land surveying or geology in which the registrant is not proficient.
- i. To use or permit the use of his professional seal on work over which he was not in responsible charge.
- j. To aid or abet any person in the practice of engineering, land surveying or geology not in accordance with the provision of this act or prior laws.

**14. AFFIDAVIT:** Applicant must read the following paragraph and sign the application form 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 is 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 by the deadline. Failure to do so will make me ineligible for this examination. I understand that every attempt will be made to seat me at the test site I have selected. I also understand that site selection cannot be guaranteed and that I will be admitted only to the test site for which I have been scheduled by Professional Credential Services. I understand that fees are subject to change. I understand that the money that I have paid for the exam date I have selected on this form will not be transferred to future exam dates. I agree that in the event my examination papers are lost, or if the examination is not held for any reason, any claim I may have will be limited to the examination fee paid by me. I further understand that submission of this form acknowledges that I understand and agree to all provisions contained in this form.*

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

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**14. SOCIAL SECURITY ACT CERTIFICATION:**

*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 Public Welfare (DPW), this licensing board must provide DPW information prescribed by DPW 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.*

<b>Applicant Signature</b>	<b>Date</b>
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Faxed scheduling forms or transcripts are not accepted. Mail completed scheduling form and fee, received no later than the entry deadline, to:

**Professional Credential Services/PA ENG  
P.O. Box 198728  
Nashville TN 37219**

*Toll-free (877) ENG-EXAM*

NOTE: Deliveries from express services other than the U.S. Postal Service cannot be accepted in a post office box. If you are using another express service, please use our street address:

**Professional Credential Services /PA ENG  
150 Fourth Avenue North  
Suite 800  
Nashville TN 37219**