

American Society of Professional Estimators
Certification Program



APPLICATION FOR
PROFESSIONAL
EVALUATION

Name _____ Chapter No. _____

Date Received _____ Application No. _____

Payment Received _____ Discipline No. _____

CONFIDENTIAL

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Remit to: ASPE—Certification, 2525 Perimeter Place Drive, Ste. 103, Nashville, TN 37214
Fax: 615-316-9800

Professional Evaluation Application Instructions

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. Please label additional information accordingly. You may visit www.aspenational.org for additional information.

| Section | Instructions |
|--|--|
| General Information | Fill in appropriate information. Abbreviations for Street, Avenue, Boulevard, and States are acceptable. Check preferred mailing address. |
| Personal and Employment History | Follow the note in parenthesis and insert the appropriate letter. Insert the appropriate letter for your principal job function with your present employer. Check the highest academic level and degree attained. Start with your present position and account for your construction estimating employment history. |
| Work Experience | Give in sequence and detail for each employer. Date of employment, company, location, and phone number for the company, name and title of your immediate supervisor, your job title and job description. <u>Verification MUST be signed by a Chapter Level Representative prior to submitting to the Society Business Office.</u> |
| Estimating Experience Breakdown | The estimating experience breakdown is important and must be filled out with care. Indicate, percentages (%) of time spent on one or more of the construction estimating or related job functions. |
| Estimating Discipline | <p>Use Page 6 of this form to determine your Primary Discipline number and description. If you are a General Construction Estimator, use Discipline 1.4. The CSI Format Summary list is not a complete listing. Refer to the Master Format contained in the Standard Estimating Practice Manual for those disciplines not listed. All applicants must have a minimum of five (5) years construction estimating experience in their primary discipline as of application date.</p> <p>Mark the appropriate box indicating which DST you wish to obtain certification. If your DST is not listed a test has not been developed and you will submit Questions and Problems to fulfill this requirement.</p> |
| Technical Paper Topic Request | Technical paper topic request must be filled out completely (three topics must be presented). Be sure to include the requested titles as well as a 25 word synopsis for each. The Certification Board will notify you of your topic assignment. Your technical paper title must begin with, “How to Estimate the Cost of . . .” |
| Affirmation & Verification | <p>You are required to sign and date the Affirmation, confirming that all information presented is factual. This MUST be signed prior to submitting to the Society Business Office.</p> <p>Your Chapter Certification Chair or Chapter President or Regional Governor MUST review and verify the completeness, conformity, and veracity of your application. If your application arrives without this verification it will not be accepted and returned to you.</p> |
| Certification Fees | The Certification Program Fee structure has been broken out into Member and Non-Member rates for your convenience. Please use the “ <i>Calculation of Fees</i> ” box to determine the amount to submit. (Added DST is only for a secondary discipline certification.) |
| Certification Cycle Matrix | The Certification Cycle Matrix provides the date requirements/deadlines for your selected cycle. |



American Society of Professional Estimators Certification Application

Please type or print all responses

This application is for certification as a Certified Professional Estimator (CPE)

I plan to enroll in the [Cycle 1] [Cycle 2] cycle of the certification program. (See Matrix pg. 10 of this application)
[circle one]

I prefer to take my workshop [Online] or [At My Chapter]
[circle one]

Please check with your Chapter Certification Chair to make sure that the workshop is offered at your chapter prior to making your selection.

General Information

Indicate the address where you wish to receive correspondence. Home Work

NAME AND DATE OF BIRTH: _____

Name (Please print as it will appear on certificate): _____

Date of Birth: _____

HOME ADDRESS: _____

Home Address: _____

Home Phone: _____ Home E-Mail: _____

Present Employer & Business Address:

Company Name: _____

Company Address: _____

Job Title: _____ Company Phone: _____

Company Fax: _____ Company Email: _____

Personal and Employment History (Insert Letter in each Space)

Current Principle Job Function: _____

- A. General & Corporate Management
- B. Design & Development Engineering
- C. Engineering Services
- D. Cost Evaluation / Budgeting
- E. Plan Takeoff
- F. Complete Estimating

- G. Field Job Management
- H. Purchasing & Procurement
- I. Estimate Evaluation / Management
- J. Conceptual Estimating
- K. Value Engineering / Management
- L. Other _____

Educational Background (Check highest academic level and degree attained)

- A. ___ Grade School
- B. ___ High School
- C. ___ Junior College
- D. ___ University
- E. ___ Trade School
- F. ___ Extended Studies

- 1. ___ Diploma
- 2. ___ Associate
- 3. ___ Bachelor
- 4. ___ Master
- 5. ___ Doctorate
- 6. ___ Certificate

Work Experience:

List chronologically, most recent first to account for your past estimating experience. Attach additional sheets as necessary to fulfill experience requirement of the minimum 5 years for the Certification Program.

From: _____ To: _____ Title: _____
Company: _____
Work Mailing Address: _____
Phone: _____ Fax: _____
Email: _____ Immediate Supervisor: _____
Job Duties: _____

From: _____ To: _____ Title: _____
Company: _____
Work Mailing Address: _____
Phone: _____ Fax: _____
Email: _____ Immediate Supervisor: _____
Job Duties: _____

From: _____ To: _____ Title: _____
Company: _____
Work Mailing Address: _____
Phone: _____ Fax: _____
Email: _____ Immediate Supervisor: _____
Job Duties: _____

From: _____ To: _____ Title: _____
Company: _____
Work Mailing Address: _____
Phone: _____ Fax: _____
Email: _____ Immediate Supervisor: _____
Job Duties: _____

TO BE COMPLETED BY YOUR CHAPTER REPRESENTATIVE:

I have verified the above listed employment history and have found the information to be acceptable for the purposes of certification.

Verified by: _____

Date: _____ Name (Print): _____

Estimating Experience Breakdown

Define the percentage of time spent on one or more of the estimating or related job functions listed below. Provide information for each employer listed in Work Experience section.

| | Employer 1 | Employer 2 | Employer 3 | Employer 4 |
|-----------------------------------|---------------|---------------|---------------|---------------|
| A. Quantity Takeoff | | | | |
| B. Labor Application (man hours) | | | | |
| C. Material Pricing and Extension | | | | |
| D. Unit Application | | | | |
| E. Specifications | | | | |
| F. Conceptual | | | | |
| G. Subcontractor/Vendor Pricing | | | | |
| H. Estimate Review | | | | |
| I. Project Management | | | | |
| J. Other _____ _____ | | | | |
| Totals (should equal 100%) | | | | |

Estimating Discipline

Construction Estimating Discipline Number(s).

Use CSI Summary found online at http://www.csinet.org/s_csi/docs/9400/9361.pdf to determine primary discipline and description. (Page 6 of this form list Master Format Division and Titles).

Primary:

Description:

Years Experience:

Mark the appropriate box indicating the discipline for which you are seeking certification:

- | | | |
|--|---|---|
| <input type="checkbox"/> 1.4 General Construction | <input type="checkbox"/> 31 00 00 Earthwork | <input type="checkbox"/> 03 30 00 Concrete |
| <input type="checkbox"/> 04 20 00 Masonry | <input type="checkbox"/> 07 50 00 Roofing | <input type="checkbox"/> 09 20 00 Drywall Systems |
| <input type="checkbox"/> 09 91 00 Painting | <input type="checkbox"/> 23 20 00 HVAC/Piping | <input type="checkbox"/> 22 00 00 Plumbing |
| <input type="checkbox"/> 23 30 00 HVAC/Sheet Metal | <input type="checkbox"/> 26 00 00 Electrical | |

Submit 100 DST Questions & 2 Problems in Discipline _____

MasterFormat Division Numbers & Titles

Division Numbers and Titles

PROCUREMENT AND CONTRACTING REQUIREMENTS GROUP

Division 00 Procurement and Contracting Requirements

SPECIFICATIONS GROUP

GENERAL REQUIREMENTS SUBGROUP

Division 01 General Requirements

FACILITY CONSTRUCTION SUBGROUP

Division 02 Existing Conditions

Division 03 Concrete

Division 04 Masonry

Division 05 Metals

Division 06 Wood, Plastics, and
Composites

Division 07 Thermal and Moisture
Protection

Division 08 Openings

Division 09 Finishes

Division 10 Specialties

Division 11 Equipment

Division 12 Furnishings

Division 13 Special Construction

Division 14 Conveying Equipment

Division 15 Reserved

Division 16 Reserved

Division 17 Reserved

Division 18 Reserved

Division 19 Reserved

FACILITY SERVICES SUBGROUP

Division 20 Reserved

Division 21 Fire Suppression

Division 22 Plumbing

Division 23 Heating, Ventilating, and
Air Conditioning

Division 24 Reserved

Division 25 Integrated Automation

Division 26 Electrical

Division 27 Communications

Division 28 Electronic Safety and
Security

Division 29 Reserved

SITE AND INFRASTRUCTURE SUBGROUP

Division 30 Reserved

Division 31 Earthwork

Division 32 Exterior Improvements

Division 33 Utilities

Division 34 Transportation

Division 35 Waterway and Marine
Construction

Division 36 Reserved

Division 37 Reserved

Division 38 Reserved

Division 39 Reserved

PROCESS EQUIPMENT SUBGROUP

Division 40 Process Integration

Division 41 Material Processing and
Handling Equipment

Division 42 Process Heating,
Cooling, and Drying
Equipment

Division 43 Process Gas and Liquid
Handling, Purification,
and Storage Equipment

Division 44 Pollution Control
Equipment

Division 45 Industry-Specific
Manufacturing
Equipment

Division 46 Reserved

Division 47 Reserved

Division 48 Electrical Power
Generation

Division 49 Reserved

Technical Paper Topic Request

Choose topics within your primary discipline only. Your technical paper must have a minimum of 2500 words. Your Technical Paper title must begin with, “**How to Estimate the Cost of**”. Please consider your topics carefully so that you do not choose one that is too broad or too narrow in scope. **You MUST provide three (3) topics for consideration.**

Paper Title—1st Preference: _____

25 Word Synopsis: _____

Paper Title—2nd Preference: _____

25 Word Synopsis: _____

Paper Title—3rd Preference: _____

25 Word Synopsis: _____

Affirmation & Verification

I affirm that the statements in this application are true and correct to the best of my knowledge. I agree to be governed by the rules and regulations of the Society and all the requirements of the Certification Program.

Signature of Applicant _____ Date: _____

Please make sure you have all necessary signatures

TO BE COMPLETED BY **CHAPTER** CERTIFICATION CHAIR, CHAPTER PRESIDENT, OR REGIONAL GOVERNOR OF ASPE.

VERIFICATION OF APPLICATION:

NOTE: Please make sure that page 4 “*Work Experience*” is signed by a Chapter Representative.

I hereby verify that I have reviewed this application; that it is complete and fully conforms to the requirements of the ASPE Certification Program. The information herein presented is true to the best of my knowledge.

Signature of Chapter Representative _____

Date: _____ Print Name: _____

Chapter Number: _____ Chapter Position: _____

Contact Phone: _____ Contact Email: _____

Certification Fees

| ASPE <u>Member</u> Candidate Fees | |
|--|----------|
| Certification Online Workshop | \$125.00 |
| Chapter Level Workshop | \$75.00 |
| GEK and DST Testing Fees | \$275.00 |
| Additional DST - Per Discipline | \$75.00 |
| | |
| <u>Non-Member</u> Candidate Fees | |
| Certification Online Workshop (only option for non-members) | \$125.00 |
| GEK and DST Testing Fees | \$525.00 |
| Additional DST - Per Discipline | \$125.00 |



Member Candidates must choose between Online Workshop or Chapter Level Workshop—see instructions for more information.

| <u>Calculation of Fees:</u> | |
|-----------------------------|----------|
| Online or Chapter Workshop | \$ _____ |
| + | |
| DST/GEK Test Fee | \$ _____ |
| + | |
| Added DST | \$ _____ |
| | _____ |
| Total Submitted | \$ _____ |

NOTE:

1. Application Fees—Payable in U. S. Funds. All Fees are Non-Refundable.
2. Applications postmarked after submittal deadlines will not be accepted and will be returned to the candidate. (refer to the certification cycle matrix on page 10 of this application)
3. Credit Card Transactions cannot be processed without the credit card security code.
4. Please complete all applicable sections and provide appropriate verification so that your application can be quickly processed.

Payment Information

Check or Money Order Enclosed

Amount Enclosed: _____

Visa MasterCard American Express

Name on Card: _____ **Security Code (on back):** _____

Card Number: _____ Expiration Date: _____

Card Billing Street Address & Zip: _____

Signature: _____

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Certification Cycle Schedule Matrix

| Certification Process | | Cycle 1 (Winter) | | Cycle 2 (Summer) |
|--|--|------------------|--|-----------------------------|
| Submittal of Professional Evaluation Application and fees. | Last Day to submit these applications for consideration | January 1 | | July 1 |
| Review of Applications by Certification Committee. | Completed By | February 15 | | August 15 |
| Notification to Candidates of Acceptance to the program | Completed By Candidates to receive GEK Study Guide/Paper Topic Acceptance Letter | March 1 | | September 1 |
| Workshop for Candidates (online or chapter level) | Completed By | March 30 | | September 30 |
| | If Chapter Workshop—Return Wkrshp Verification | March 31 | | October 1 |
| Technical Paper Due Date | Papers are to be submitted before the candidate is eligible to test | June 15 | | December 15 |
| Test Dates for GEK and DST *Requires Proctor (see below) and/or DST Questions and Problems Due Date | GEK and DST Test and/or Questions and Problems <u>must</u> be completed during the month of... | July | | March (of following year) |
| Test Results to Candidates | Written Notification | September 1 | | May 1 (of following year) |
| Technical Paper Review Results and/or Questions and Problems Review Results to Candidates | These will be issued to candidates as the reviews are turned in to the Society Business Office by the Reviewers. | | | |
| Re-submittal of Deficient Paper and/or DST Questions and Problems | Completed By | October 15 | | June 15 (of following year) |
| Re-Take of GEK and/or DST | Re-take GEK and DST must be completed during the month of...as indicated for cycle. | November | | July (of following year) |

* Proctors must have an active CPE designation. Testing locations are to be determined by Proctors. ASPE recommends Chapter Certification Chairs as local Proctors. If you are a non-member or a MAL member, the Society Business Office will assist in selecting a Proctor if requested.

Approval of Application

To be completed by the National Certification Committee

ELIGIBILITY FOR EXAMINATION BY NATIONAL CERTIFICATION COMMITTEE

1. Approved Disapproved

By (print) _____ Date _____

Signature _____

2. Approved Disapproved

By (print) _____ Date _____

Signature _____

3. Approved Disapproved

By (print) _____ Date _____

Signature _____

MAJOR CONSENSUS

Approved Disapproved

By (print) _____ Date _____

Signature _____

Approved Technical Paper Topic # _____ Title _____

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