



**APPLICATION FOR:
CERTIFIED HEALTHCARE ENGINEER
EXAMINATION**

Name _____

Position _____

Institution _____ Phone _____

E-mail Address _____

Address _____

Mailing Address (if different from above) _____

Three (3) previous positions held pertaining to Hospital Engineering

Position _____ Dates _____

Institution _____ City _____

Position _____ Dates _____

Institution _____ City _____

Position _____ Dates _____

Institution _____ City _____

Number of Years as a Member of KSHE: _____

Are you a current Member of KSHE in good standing? YES / NO

Applicant's Signature _____ Date _____

Application Fee - - - - - **\$25.00** Mail to:

Kentucky Society of Healthcare Engineers
9462 Brownsboro Road, #158
Louisville, KY 40241

Paid by: Check: _____

Visa/Master Card: _____

Tel: 1-800-493-1117

Fax: 1-502-241-5900

If charge card payment, complete and sign this section:

Visa/Master Card Acct# _____ Exp Date _____

Name On Card _____ Signature _____

Amount _____

Please see other side for the continuation of this form.

I. Present Responsibilities

Choose the closest one:

A. Your position: (check one)

- Asst. Administrator _____
- Admin. Engineer _____
- Plant Engineer _____
- Supt. Building & Grounds _____
- Chief Engineer _____
- Maintenance Supt. _____
- Mgr. of Plant OP(s) _____
- Director Maintenance _____
- Other _____

B. Employees Supervised: (check one)

- 0 _____
- 1-4 _____
- 5-9 _____
- 10-14 _____
- 15-24 _____
- 25-49 _____
- 50-99 _____
- 100+ _____

C. Hospital Bed Size: (check one)

- 6-49 _____
- 50-74 _____
- 75-99 _____
- 100-149 _____
- 150-199 _____
- 200-299 _____
- 300-399 _____
- 400+ _____

D. Position of Immediate Supervisor (check one)

- Administrator _____
- Admin. Engineer _____
- Plant Engineer _____
- Supt. Building & Grounds _____
- Chief Engineer _____
- Maintenance Supt. _____
- Mgr. of Plant OP(s) _____
- Director Maintenance _____
- Other _____

II. Complete Management Review Program

Function	Yes	No
Steam Plant		
HVAC		
Equipment Maint.		
Bldg. Renovation & Maint.		
Ground Maint.		
Environmental Services		
Laundry		
Fire & Safety		
Security		
Design		
Construction Supervision		
Plan Review		

III. Education

A. Highest Level Achieved: (check one)

- High School _____
- Vocational School _____
- Associate Degree _____
- Bachelors Degree _____
- Masters Degree _____
- Other _____

B. License or Certification

IV. Experience (# of Years)

- Hospital Engineering _____
- Engineering Design _____
- Related Maintenance or Trades _____
- Administration/Management _____
- Other Healthcare _____
- Non-Related _____
- Total Years _____