



Application for MECH Certification

All fields are required.

CANDIDATE INFORMATION:

FIRST NAME	MIDDLE INITIAL	LAST NAME		
HOME ADDRESS				
CITY	STATE	ZIP	LAST 4 DIGITS OF SOCIAL SECURITY NO. ____	
HOME PHONE NUMBER	E-MAIL ADDRESS			

HEALTHCARE FACILITY INFORMATION:

FACILITY NAME			CANDIDATE'S JOB TITLE	
FACILITY ADDRESS				
CITY	STATE	ZIP	WORK PHONE NUMBER	

EMPLOYMENT INFORMATION:

EMPLOYER, IF DIFFERENT FROM ABOVE		
2 Years required for Certification; 4 Years for Senior Certification.	TOTAL YEARS OF HEALTHCARE MAINTENANCE EXPERIENCE:	ANNIVERSARY DATE (MONTH/DAY/YEAR)

CANDIDATE AFFIDAVIT:

I hereby affirm that the above information is correct. I understand that I may forfeit payment and be denied the opportunity to test, or forfeit certification, if the above information is found to be incorrect.

CANDIDATE'S SIGNATURE	DATE
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SUPERVISOR AFFIDAVIT:

As the current supervisor of the named, I hereby affirm the applicant is eligible for MECH Certification, and acknowledge the applicant has been employed in healthcare maintenance services for the years noted above.

PRINTED NAME	TITLE
E-MAIL	PHONE NUMBER
SIGNATURE	DATE

TEST INFORMATION: (Enter Date and Location ONLY if joining a pre-approved test date. Enter Proctor Name if known.)

<i>Test date must be approved no less than 60 days in advance.</i>	TEST DATE	LOCATION	PROCTOR NAME
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TEST PREP WORKBOOK CHOICE:

- MECH Certified/Senior Certified Test \$170.00
Includes Test Preparation Workbook Digital PDF, via email
- MECH Certified/Senior Certified Test \$180.00
Includes Test Preparation Workbook Booklet, via US Postal Mail

PAYMENT OPTIONS:

- Paid with credit card online
Enter confirmation number below
- Please send invoice

Check Number, PO Number, or Online Payment Confirmation Number:

EMAIL APPLICATION TO:

mech@mech-certification.org

QUESTIONS OR FURTHER INFO:

(616) 662 - 1315, www.mech-certification.org

SEND PAYMENT BY CHECK TO:

MECH Certification
13843 Lincoln Street
Grand Haven, MI 49417