



# CREDENTIALING ASSISTANCE PROGRAM APPLICATION FOR YOUNG PROFESSIONAL AND ENLISTED MEMBERS



The program will support exam sitting or registration fee for the following credentials, licensures, or certifications that are considered to have an intrinsic value to SAME's mission and the architecture, engineering, and construction professions.

- a. Fundamentals of Engineering Exam and Professional Engineer Exam (any discipline)
- b. Architect Registration examination (For any division)
- c. Certified Construction Manager (Sponsored by Construction Management Association of America)
- d. Design-Build Certification (Sponsored by Design-Build Institute of America)
- e. Leadership in Energy and Environmental Design (Sponsored by U.S. Green Building Council)
- f. Certified Energy Manager (Sponsored by International Facility Management Association)
- g. Project Management Professional (Sponsored by Project Management Institute)
- h. Certified Facility Manager (Sponsored by International Facility Management Association)
- i. Credentials offered by National Institute for Certification in Engineering Technologies (NICET)
- j. Credentials offered by the National Association of State Boards of Geology (ASBOG)
- k. Others on a case by case review by the Selection Committee.

Applicants must also meet the ALL of the following criteria for award:

1. Been a member in the Society for a MINIMUM of 12 months.
2. Must be an NCO or young professional. No age limit for NCOs. Young professionals must be less than or equal to age 39 by the application due date.
3. Provide an official pass/fail notification; applicant must have achieved a passing score on the exam at the time of the application.
4. Provide an invoice/receipt of payment from the exam administrator showing applicant paid all fees at the time the application is submitted.
5. Provide invoice of payment for study related materials and expenses.
6. Provide denial of eligibility for any program applicant previously applied (e.g. employer, VA benefits, etc.)
7. Submit ONE application for each exam taken.
8. Submit professional headshot after notification of award.

### GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone ( ) -
Address (Mailing Address)	(City)	(State)	(Zip)
E-Mail Address	Member Number	YP <input type="checkbox"/> NCO <input type="checkbox"/>	
Other Telephone ( ) -			

### CREDENTIALING INFORMATION

Did you contact and receive permission regarding eligibility from your local ethics advisor or supervisor?			<input type="checkbox"/> Yes <input type="checkbox"/> No
FE or PE (any discipline) <input type="checkbox"/> ARE (for any division) <input type="checkbox"/> CCM <input type="checkbox"/> DBC <input type="checkbox"/> LEED-GA or AP (any discipline) <input type="checkbox"/>	CEM <input type="checkbox"/> PMP <input type="checkbox"/> CFM <input type="checkbox"/> NICET Certification: <input type="checkbox"/> Other: _____	Date(s) of Exam:	
Is your employer a Small Business or 8A company? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a Public Sector member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Requested Award Amount <sup>1</sup> :	\$ _____	

<sup>1</sup>Total awards received by an individual

- government employee from this program are not to exceed \$200
- private sector employee from this program are not to exceed \$500

Name of Post or Community of Interest
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**SAME Involvement (Posts, COIs, Programs) (Maximum 300 Characters):**

[Empty text box for SAME Involvement]

**PUBLIC MERITORIOUS SERVICE or ACHIEVEMENT**

**Individual's public meritorious service, achievements, accomplishments, and recognitions. (Maximum 300 Characters):**

[Empty text box for Public Meritorious Service or Achievement]



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**PROFESSIONAL/PERSONAL MERITORIOUS SERVICE OR ACHIEVEMENT**

Individual's professional and/or personal meritorious service, achievements, accomplishments, and recognitions. (Maximum 300 Characters)

I certify I am not eligible or have been denied eligibility for award from another entity for the exam fee and will pay out of pocket for this exam if not reimbursed by SAME and that the above information accurately reflects my involvement with the Society, and my public, professional, personal meritorious service, achievement, accomplishments, & recognitions.

**Applicant:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Post President, Regional Vice President, or Member of National Board of Direction:**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Submit to Tim Dahms, YP COI Vice Chair of Credentialing, at [tdahms87@gmail.com](mailto:tdahms87@gmail.com).**

**PLEASE NOTE:** By submitting, applicant agrees to provide testimony about the CAP and the careers benefits of earning a credential. Testimony may be used on the SAME web page, TME Magazine, social media, and member notices.