



CREDENTIALING ASSISTANCE PROGRAM APPLICATION FOR YOUNG AND ENLISTED MEMBERS



The program will support exam sitting or registration fee for the following credentials, licensures, or professions.

- D)BDPHDOVRI(DQHULDPDQ3URIHVVLRO(DQHU(DPDQLVLSOLA
- E \$UFKMFVHILVVDIARDPLQWRJUDQLYLVLRO
- F BUWLHG&QWIKARODQHUGRQRUHGE&QWIKARODQHUPHWRVFLDWRRI\$PHULFD
- G HVLEOG&BUWLFDWRGRQRUHGEHVLEOG,QWIKR\$PHULFD
- H /HDGHUVKSL(BUDG(QLUR&DOHVLRQRQRUHGE&HH&OGL&LO
- I BUWLHG(BUDDQHUSRQRUHGE)BUQARQ)DFLOLVDDQHUPHWRVFLDWRQ
- J 3URMHFVDDQHUPHWRURIHVVLRO&SRQRUHGE&URMHFVDDQHUPHWR
- K BUWLHG)DFLOLVDDQHUSRQRUHGE)BUQARQ)DFLOLVDDQHUPHWRVFLDWRQ
- L &HGHDOVRIIHUHGEVDWRQ,QWIKRUBUWLFDWRQ&QHUL&FORUHV1,&
- M &HGHDOVRIIHUHGEVDWRQ\$VVRFLDWRRI&W&DUGVRIHROR&
- N 2WUVRQFDVHEFDVHUHYLHZ&O&H&PPLW

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

- M&QPHPEHUL& RFLH&UD0,1,080 RIPR& K
- O&H&QRUR&URIHVVLRO1R&H&LPLW IRU1&R&URIHVVLROV&X&HOHV&RUHT&ORDH&W
- DSSOLFDWR&MGDW
- 3URYLG&H&ILFLDOS&V&L&R&W&L&D&R&SSOLFD&P&X&Y&H&D&F&K&Y&H&G&S&D&V&V&L&D&FRU&H&R&H&P&D&M&P&H&R&W
- DSSOLFD&R&Q
- 3URYLG&H&D&R&L&F&H&U&H&F&H&L&S&R&S&D&P&H&V&R&P&H&D&P&D&G&P&L&Q&V&D&R&U&V&K&Z&L&D&S&S&O&L&F&D&S&D&L&G&D&O&O&I&H&H&V&D&M&P&H&D&S&S&O&L&F&D&R&Q
- V&E&P&L&W&G
- 3URYLG&H&L&R&L&F&H&R&S&D&P&H&V& IRU&V&U&H&O&D&W&G&P&D&M&L&D&O&V&D&G&H&S&H&V
- 3URYLG&H&G&H&D&O&R&I&H&O&L&E&L&O&L&W&D&S&U&R&U&D&P&D&S&S&O&L&F&D&U&H&Y&L&R&X&O&D&S&S&O&L&H&G&H&I&P&S&O&R&H&U&9&\$&E&H&I&L&W&H&W
- &P&L&W 21(DSSOLFDWR&U&H&D&F&K&P&D&N&H&Q
- &P&L&W SURHVVLRO&K&D&G&V&R&W& W&R&W&L&L&F&D&R&R&I DZDUG

GENERAL INFORMATION

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

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 ¹ :	\$ _____

¹Total awards received by an individual
 x government employee from this program are not to exceed \$200
 x private sector employee from this program are not to exceed \$500

Name of Post or UBPP&N , BUHVW



**CREDENTIALING ASSISTANCE PROGRAM
APPLICATION FOR
YOUNG PROFESSIONAL AND ENLISTED MEMBERS**



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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APPLICATION FOR
YOUNG PROFESSIONAL AND ENLISTED MEMBERS**



PROFESSIONAL/PERSONAL MERITORIOUS SERVICE OR ACHIEVEMENT

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

By signing this document, 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, meritorious public service or achievement, and professional accomplishments.

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.

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.