

YOUR LINK TO THE FUTURE!

ATMAE CERTIFICATION

The Certification Program for Technology Professionals



The Association of
Technology,
Management, and
Applied Engineering

Certified Technology Manager (CTM) & Certified Senior Technology Manager (CSTM) Certified Manufacturing Specialist (CMS) & Certified Senior Manufacturing Specialist (CSMS)

APPLICATION FOR CERTIFICATION:

Complete all sections and indicate total fees at bottom right of this page.

ELIGIBILITY:

EDUCATION:

- I have a technical, technology, or engineering-related degree or other equivalent degree:
 - AS/AAS BA/BS MS/MA
 - Doctorate (please include a copy of your diploma or transcript)
- I have another type of degree, or equivalent professional and education experience and request a waiver on the prerequisite degree policy (please include a copy of your diploma or transcript)
- I am in my last academic year before receiving my degree
*Anticipated Graduation Date (required if you have not graduated yet):
Academic Advisor Name: _____
Phone: () _____
Student Name: _____
will graduate on (date): _____
Advisor Verification (Signature Required): _____

EMPLOYMENT:

- I teach in or administer a technical, technology, or engineering-related academic program
- I am professionally employed in a technical, technology, or engineering-related discipline

CERTIFICATION EXAM INFORMATION:

- I passed the ATMAE:
- CTM/CSTM Certification exam
 - CMS/CSMS Certification exam:
 - School and Date: _____
 - Individual Exam Session Date: _____ / _____ / _____

CERTIFICATION LEVEL:

- Check appropriate box (check ONE box only below)
- Certified Technology Manager (CTM): Initial certification
 - Certified Senior Technology Manager (CSTM): Three or more years of experience and 30 PDUs since obtaining prerequisite degree (attach independent documentation of professional development activities – see below.)
 - Certified Manufacturing Specialist (CMS): Initial certification
 - Certified Senior Manufacturing Specialist (CSMS): Three or more years of experience and 30 PDUs since obtaining prerequisite degree (attach independent documentation of professional development activities – see below.)

Professional Development Activity – CSTM and CSMS Applicants Only - To qualify for initial certification at the CSTM or CSMS level, you must document at least 30 Professional Development Units (PDUs) of continuing education activity prior to your application. Coursework completed for the degree that was prerequisite to CTM and CMS certification cannot be used to meet this requirement. Transcripts, certificates or other independent documentation is required. For information, visit the Certification section of the ATMAE Website or contact ATMAE (734-677-0720 or atmae@atmae.org).

CERTIFICATION & ATMAE MEMBERSHIP FEE:

Check one Membership Fee box and one Certification Fee box.

MEMBERSHIP:

- Current ATMAE member (no additional fees)
- New ATMAE Member – Professional (\$80)
- New ATMAE Member – Student (\$20)

CERTIFICATION FEE:

- Professional (\$40)
- Student/Graduating Student (\$20)

Total Fees: \$ _____

APPLICANT INFORMATION:

Title: Mr. Ms. Mrs. Dr.

Name: _____

Preferred Mailing Address: Home Work

Home Address: _____

Home City, State, Zip: _____

Home/Cell Phone: () _____

Email: _____

Present Employer: _____

Department or Division: _____

Work Address: _____

Work City, State, Zip: _____

Work Phone: () _____

Email: _____

Present Position/Job Title: _____

Verification/Authorization: I hereby attest that all information is correct. I hereby authorize ATMAE staff to make any inquiries necessary to verify the information submitted.

Signature: _____ Date: _____

PAYMENT INFORMATION:

(Please check appropriate boxes and complete all information):

- Discover Visa MasterCard Check or Money Order Attached

Cardholder Name: _____

Cardholder Email: _____

Cardholder Billing address: _____

City, State, ZIP: _____

Card #: _____ CW# _____

Exp. Date: _____ / _____ Phone: () _____

Total Fees/Authorized Amount for Charge: \$ _____

Signature (required for charge order): _____

ATMAE Office Use Only – Do not write in this area

Approved by: _____ Date: _____

Initial Certification Date: _____ Certification Expiration Date: _____

Certification Level: CTM CSTM CMS CSMS

Membership Class: Professional Student

Mail or fax form to: ATMAE Certification Program, 3300 Washtenaw Avenue, Suite 220, Ann Arbor, Michigan 48104, Telephone: 734-677-0720, Fax: 734-677-0046, E-mail: atmae@atmae.org, Web site: www.atmae.org