



Date Received _____
(Office use only)

Application for Recognition as a Certified Metrologist

Name: _____ (Please print) Work phone: _____

Address: _____ Home phone: _____

_____ Fax: _____

_____ (City) (State) (Postal code) Email: _____

_____ (Country if not USA)

Knowledge Based Exams

Level 1 - 3D Portable Metrology

Level 1 - CMM Metrology

Performance Based Exams

Level 2 - CMM (Traditional)

Level 2 - PCMM (Articulating Arm)

Level 2 - PCMM (Laser Tracker)

Level 2 - PCMM (Handheld Scanner)

In making this application, I fully understand that it is a voluntary request to the Coordinate Metrology Society to review my background and experience for possible certification in accordance with requirements and criteria established by the Society. I authorize the Society to make inquiries regarding my character and professional qualifications by contacting the references named in this application.

Further, I understand and subscribe to the Code of Ethics of the Coordinate Metrology Society, with knowledge that any false statement or misrepresentation in this application may result in the denial or revocation of certification and the issuance of a complaint in violation of the Code of Ethics.

In consideration of CMS' acceptance and processing of this application, I agree to waive any and all claims of liability or responsibility against CMS and to indemnify and hold harmless CMS, its officers, committee members, employees, agents and representatives against any and all such injury, damages, or claims made by or on behalf of any persons, partnership, association, or corporation. I further acknowledge that CMS, its officers, committee members, employees, agents or representatives are not liable to me, or to any other person, partnership, association or corporation, in any way for any injury, damages or claims alleged to be based upon or arising out of the approval or disapproval or the issuance, withdrawal or termination of any certification issued by CMS.

(Applicant's Signature)

(Date)

I. EDUCATION AND BACKGROUND *(use an extra page if more space is required)*

A. HIGH SCHOOL: _____ Graduated: _____
(Name and Location) (Date)

Academic Technical Other

B. HIGHER EDUCATION (if no degree granted, furnish total credit hours earned and in which subjects):

| Name of Institution | Dates Attended | Degree Title | Major or Subjects |
|---------------------|----------------|--------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

C. HIGHER EDUCATION COURSES (beyond those required for Degree(s) above; give date and length of course):

| Name of Institution | Dates Attended | Degree Title | Major or Subjects |
|---------------------|----------------|--------------|-------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

D. SPECIAL EDUCATION PROGRAMS (applicable seminars, symposia, workshops, military or other government sponsored schools or training programs)

E. MEMBERSHIP IN ACADEMIC HONOR SOCIETIES AND ACADEMIC HONORS RECEIVED:

F. PUBLICATIONS AUTHORED (submit copies only if required by the CMS Evaluation Committee)

G. ADDITIONAL DATA (relating to education and background, e.g., thesis, special research work, etc.):

III. PROFESSIONAL ASSOCIATION MEMBERSHIP AND ACTIVITIES (list separately the dates, category [student, regular, associate, etc.] and offices and/or committee assignments held in CMS and other professional societies or associations):

IV. REFERENCES (Name at least four people, preferably CMS members, who are or who have held responsible positions in Metrology, who have a personal knowledge of your character and professional qualifications and have them complete an official reference form for processing.):

| | |
|---|---|
| <p>[1] _____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Address)</p> <p>_____ (City) (State) (Postal Code)</p> | <p>[3] _____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Address)</p> <p>_____ (City) (State) (Postal Code)</p> |
|---|---|

| | |
|---|---|
| <p>[2] _____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Address)</p> <p>_____ (City) (State) (Postal Code)</p> | <p>[4] _____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Address)</p> <p>_____ (City) (State) (Postal Code)</p> |
|---|---|

V. QUESTIONS ON PORTABLE METROLOGY AND RELATED FIELDS (for purposes of this application, metrology includes the related fields of interpreting documents, equipment evaluation, pre-measurement planning, performing measurements, analyzing data, QA/QC, developing inspection reports. Please answer each question in detail):

[A] What professional and technical contributions have you made in this field of Metrology?

[B] What do you consider to be your qualifications for Certification?

[C] How and why have you used this form of Metrology in your employment?

[D] Do you consider yourself to be a professional Metrologist? Why?

[E] What means have you used to keep yourself reasonably current in your knowledge and competence of this field of Metrology?

[F] What are the most significant elements of the CMS Code of Ethics as will be applied by you in your work?

