PHILIPPINE INSTITUTE OF CIVIL ENGINEERS, INC.

Application for Elevation of PICE Members to Specialist Category

( ) **TYPE I (Recipients of Certificate of Recognition by the Professional Regulation Commission)**
( ) **TYPE II (New Applicants)**

❑ Construction Management & Engineering ❑ Geotechnical Engineering ❑ Structural Engineering **Application Code: ___**
❑ Transportation Engineering ❑ Water Resources & Hydraulic Engineering

Name _____ / _____ / _____
Given M.I. Surname

PRC Reg. No. _____ **Date Reg.** _____ **Date of Birth** _____

Educational Attainment ❑ **BSCE School** _____ **Year** _____

❑**MS in** _____ **School** _____ **Year** _____

❑ **PhD in** _____ **School** _____ **Year** _____

PICE Chapter _____ **Date of Regular Membership in PICE** _____ ❑**Fellow** ❑ **LM Date approved:**_____

Home Address _____

Tel. No. _____ **Fax No.** _____ **Mobile No.** _____ **E-mail** _____

Office Name/ Address _____

Position _____ **Tel. No.** _____ **Fax No.** _____ **E-mail** _____

Membership in Other Professional Organizations: _____

_____

_____

TYPE I ( ) *– PICE Members who have been awarded a* ***Certificate of Recognition by the Professional Regulation Commission*** *for the specific area of specialization prior to year 2000.*

Specialization: _____

Date Issued : _____ **Resolution No.** _____

Submitted ( ) enclose Certified True Copy of Certificate issued by PRC and
( ) most recent Bio-data with photo.

TYPE II ( ) – NEW APPLICANTS

Compliance with the Criteria

Instruction:

1. *Please choose any one criterion below*
2. *Submit the detailed description of practice in the specific area of specialization:* ***(FOLLOW FORMAT ON FORM S2)***
3. *Enumerate the dates and periods of engagement provide a list of projects participated in, with corresponding description of technical service(s) rendered.*
4. *Proof of engagement and certified true copy of Certifications and Certified (all pages signed)Bio-data*

Requirements for applicants with Examination: (starts 2008)

- ❑ ***At least 80 CPD (Continuing Professional Development) units and four (4) years continuous active practice, both in the area of specialization, provided that not more than 30 CPD units obtained before year 2000 can be credited; OR***
- ❑ ***A master's degree and at least one (1) year active practice, both in the area of specialization; OR***
- ❑ ***A doctoral degree in the area of specialization.***

AND: Interview at the discretion of the concerned Specialty Division

Submitted by:

_____
Printed Name and Signature

Date: _____

Date of Examination: _____

PICE Secretariat
Received by: _____ ***Date:*** _____
Membership Validated: _____ ***LM No.*** _____ ***Date:*** _____
Documents Submitted:

TYPE I
❑ ***PRC Certificate of Recognition***
❑ ***Certified Bio-Data and Photo***

TYPE II
❑ ***Certified Bio-Data and Photo***
❑ ***Description of Practice following Form S2***
❑ ***Certificates (authenticated)***
❑ ***Others*** _____ ***Validated by:*** _____

Payment of Accreditation Fee
Amount: _____
Date: _____
OR No. _____

Endorsement of Chapter – (Submit any of the following)
❑ Chapter Board Resolution
❑ Minutes of Chapter Board Meeting
❑ Endorsement letter signed by the Chapter President/ attested by the Chapter Secretary

Validated by: _____

Action of the PICE Specialty Division: _____

SD1 _____: _____
SD2 _____: _____
SD3 _____: _____
SD4 _____: _____
SD5 _____: _____

Interview: _____

Recommending Approval: _____ Date:_____
Chair, Specialty Division

Recommending Approval: _____ Date:_____
Chair, Inter-Specialty Group

Action of the National Board:

Approved by: _____
National President

Attested by:_____
National Secretary

Date of Board Meeting: _____

AWARD
PICE Certificate No. _____ *Year-Specialty Code No.*_____

Note: Please attach a photo with this form. Submit separate application and documents for different specialization. Please enclose your one-time Accreditation Fee of P 1,000 per application. All checks must be payable to PICE.