

# Board of Certification in Professional Ergonomics®

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**ASSOCIATE PROFESSIONAL TO PROFESSIONAL CERTIFICATION APPLICATION**

(AEP/AHFP/AUXP **to** CPE/CHFP/CUXP)

**1. PERSONAL INFORMATION**

Please provide the following information:

| NAME *(Last*) | *(First)* | *(Middle Initial)* |
| --- | --- | --- |
|       |       |       |
| CURRENT TITLE OR POSITION | EMPLOYER |
|       |       |
| BUSINESS ADDRESS *(Street Address)* |
|       | SEND MAIL TO WORKCHECK HERE [ ]  |
|  *(City)* | *(State)* | *(Zip or Postal Code)* | *(Country)* |
|       |       |       |       |
|  *(Telephone Area Code)(Number)*  | *(Mobile Area Code) (Number)* | *(e-mail)\** SEND E-MAIL HERE [ ]  |
|  (       )       |  (       )       |       |
| HOME ADDRESS *(Street address)* |
|       | SEND MAIL TO HOMECHECK HERE [ ]  |
|  *(City)*  | *(State)* | *(Zip or Postal Code)* | *(Country)* |
|       |       |       |       |
|  *(Telephone Area Code) (Number)* | *(Mobile Area Code) (Number)* | *(e-mail)\** SEND E-MAIL HERE [ ]  |
|  (       )      |  (       )      |       |

 \*e-mail addresses are mandatory

|  |  |  |
| --- | --- | --- |
| PREFERRED DESIGNATION (CHECK ONE) | CERTIFIED PROFESSIONAL ERGONOMIST (CPE) | **[ ]**  |
| CERTIFIED HUMAN FACTORS PROFESSIONAL (CHFP) | [ ]  |

|  |
| --- |
| PLEASE LIST PROFESSIONAL ORGANIZATIONS OF WHICH YOU ARE CURRENTLY A MEMBER: |
|       |
| PLEASE LIST PROFESSIONAL CERTIFICATIONS YOU CURRENTLY HOLD: |
|       |

|  |  |  |
| --- | --- | --- |
| YEAR OF BIRTH: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | MALE | [ ]  |
| FEMALE | [ ]  |

|  |  |  |
| --- | --- | --- |
| PRIMARY EMPLOYMENT SECTOR: | Academia | [ ]  |
| Consulting | [ ]  |
| Govt/Military | [ ]  |
| Industry | [ ]  |
| PRIMARY EXPERTISE: | Physical Ergonomics | [ ]  |
| Cognitive Human Factors | [ ]  |
| Product Usability | [ ]  |
| User Experience /HCI | [ ]  |

**2. EMPLOYMENT HISTORY**

Please document your employment history demonstrating you have at least three years full-time equivalent experience as an HFE/user experience practitioner. Begin with your current position and work backwards in time.

[ ]  Check here if you are a graduate of an HFE/User Experience doctorate program and are requesting the one-year work experience equivalency (transcript verification required).

If more space is needed, duplicate the employment information block before completing.

|  |  |  |
| --- | --- | --- |
| POSITION TITLE | EMPLOYER NAME | EMPLOYER ADDRESS |
|       |       |       |
| DATES OF EMPLOYMENT | NAME AND TELEPHONE NUMBER FOR VERIFICATION OF EMPLOYMENT | FULL TIME [ ] PART TIME [ ]  |
|       |       |
| DESCRIBE THE RESPONSIBILITIES OF THIS POSITION |
|       |
| POSITION TITLE | EMPLOYER NAME | EMPLOYER ADDRESS |
|       |       |       |
| DATES OF EMPLOYMENT | NAME AND TELEPHONE NUMBER FOR VERIFICATION OF EMPLOYMENT | FULL TIME [ ] PART TIME [ ]  |
|       |       |
| DESCRIBE THE RESPONSIBILITIES OF THIS POSITION |
|       |

**3. WORK PRODUCTS**

Submit work products to demonstrate your proficiency as an ergonomics/human factors/user-experience professional. These work products should reflect your knowledge and skill of the profession.

Work products may include, for example, technical reports, design papers, analysis reports, evaluation reports, patent applications, or articles authored by you in ergonomics/human factors/user experience publications.

Work products must align with the sections of the [BCPE Core Competencies](https://bcpe.org/wp-content/uploads/2020/03/BCPE_Core-Competencies-2019.pdf)

1. **Analyze**
2. **Design**
3. **Integrate** (Implement, Validate)

Submit a maximum of six work products. Two work products must demonstrate competency in Analyzing. Two work products must demonstrate competency in Designing. Two work products must demonstrate competency in Integrating.

A work product may be used to satisfy one or more sections of the [BCPE Core Competencies](https://bcpe.org/wp-content/uploads/2020/03/BCPE_Core-Competencies-2019.pdf). For example, a single work product may demonstrate competency in analyzing, designing, and integrating, or any one of the sections.

Completion of at least two of the work products must have occurred in the past five years. The remaining work products must have been completed in the past 10 years.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Provide titles for your work products and enter this information below. Determine the links between your work products and the sections of the [BCPE Core Competencies](https://bcpe.org/wp-content/uploads/2020/03/BCPE_Core-Competencies-2019.pdf)* Mark the appropriate section boxes (Analyze, Design, Integrate) for each work product.
* Align your work products to the [BCPE Core Competencies](https://bcpe.org/wp-content/uploads/2020/03/BCPE_Core-Competencies-2019.pdf) sections and tasks.
 | Analyze (2) | Design (2) | Integrate (2) |
| **Work Products** | **Year** | **Core Competency** **Section(s)** | **Core Competency** **Task(s)** |
| *Example*: Company XYZ’s Ergonomic Improvement Initiative  | 2018 | AnalyzeDesign | I-1, I-5II-4 | 1 | 1 |  |
| 1. |  |  |  |  |  |  |
| 2. |  |  |  |  |  |  |
| 3. |  |  |  |  |  |  |
| 4. |  |  |  |  |  |  |
| 5. |  |  |  |  |  |  |
| 6. |  |  |  |  |  |  |
|  | **Totals** |  |  |  |

If necessary, for context, annotate your work product or provide additional information to complement any of your products. Your work product submission should indicate your thought processes and methods you applied in performing the work.

Attach the additional information to the appropriate work product and include the heading, “Your last name” “Work Product Title” and the “work product number” you listed in the application.

Acceptable work products frequently represent the work of two or more professionals. If you feel that you cannot show work product examples produced solely by you, then choose a work product for which a definable major part of the product was yours, identify that part clearly, and certify that the contribution was yours by signing this application.

**Work products must be submitted to BCPE electronically. PDF format is preferred but Word and PowerPoint formats are accepted. Locked documents will not be accepted.**

There is a 20-page maximum per each work product.

**4. EXAM PREFERENCE**

Please indicate your exam preference:

[ ]  APRIL 2025. Application deadline: 11/30/24.

[ ]  SEPTEMBER 2025. Application deadline: 4/30/25.

[ ]  APRIL 2026. Application deadline: 11/30/25.

[ ]  SEPTEMBER 2026. Application deadline: 4/30/26.

**5. COMMUNICATIONS** (Please check if you agree.)

[ ]  Mailing list. Agree to inclusion of name and address in mailing list rentals.

All other direct communications are kept to a minimum and are related to core business services, as described in the privacy policy. By signing this application, you agree to the privacy policy and receiving these communications.

**6. AUTHORIZATION TO BCPE**

I certify that the statements above (including any attachments submitted) are accurate to the best of my knowledge. I hereby authorize the BCPE to verify any information submitted. I understand that any falsification of information in this application (or attachments) may be cause for rejection or withdrawal of certification.

I agree not to indicate in any way that I am CPE/CHFP/CUXP eligible or that certification is pending.

I further agree to hold the Board of Certification in Professional Ergonomics harmless from any and all liability in the event this application is rejected on the basis of information furnished to the BCPE by me or third persons which would, in the judgment of the BCPE, make me ineligible for certification.

I have read and agree to the [Privacy Policy](https://bcpe.org/policies/).

The applicant hereby acknowledges that BCPE certification, if and when issued, attests to the achievement of certain prescribed minimum qualifications by peer review and/or examination, but does not attest to professional competency or suitability as to specific occupational performance.

**Signature\* Date**

\* print, sign and scan, or attach a jpg of signature

The BCPE does not discriminate among applicants as to race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status.

1. **APPLY**

Check items as you verify you have completed them.

[ ]  All sections of the application form have been completed as instructed.

**[ ]** If applicable, necessary steps have been taken to have an official transcript verifying PhD status sent to BCPE. We
 accept [**electronic**](#Email_Address) and [**hard copy**](#Mailing_Address) transcripts as official when received directly from the issuing institution.

 Work experience equivalency will not be granted without this verification.

[ ]  A copy of the application has been made for your records.

Please submit your completed application to BCPE at info@bcpe.org.

Paper submissions by mail will **NOT** be accepted.

There is NO fee for an Associate to Professional application.

 A separate nonrefundable exam fee of $385 is due upon notice of eligibility to take the exam.

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