



**NATIONAL INSTITUTE FOR CERTIFICATION IN ENGINEERING TECHNOLOGIES®**

1420 King Street, Alexandria, Virginia 22314-2794

888-IS-NICET or 888-548-1518

www.nicet.org

**Recertification Active Practitioner Form**

**This form is for recertification purposes only.**  
Send this form to NICET **ONLY** if you are replying to an audit letter.

**NAME:** (Please Print) \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

Document your employment throughout your three-year certification period. Start with your most recent position and account for all employment as an engineering technician (or related experience). If necessary, use both sides of this form or make additional copies so that you can give a **detailed and descriptive narrative of your job duties**.

Dates of Employment				Total Time Yr. Mo. OR total number of man hours worked (per formula in Policy 30)	For each position, list: (a) Name/address of employer, (b) Title of your position, (c) Name and title of your IMMEDIATE SUPERVISOR, and (d) Description of your duties. Be factual and detailed. Lack of sufficient detail will delay recertification. When work experience is part-time, indicate such clearly. Other printed materials, such as resumes or office job descriptions may not be substituted for this form.
From		To			
Mo.	Yr.	Mo.	Yr.		

I certify that all information on this form is correct and complete. (NOTE: form will not be accepted without a signature and date.)

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_