



# Form 1 Application for INCOSE Systems Engineering Certification

See Form 2 “Instructions for Filling Out a Systems Engineering Certification Application” for guidance on preparing this application.

The shaded rectangular areas in the form are for you to type or paste inputs. The rectangular shaded areas will expand to accommodate your text. The shaded square boxes can be activated with a click of your left mouse button to insert (or remove) an “X” in the square boxes. The form is protected to prevent modifications to the form. Please submit this form when completed in its current format; do not convert it to any other format, such as PDF, for submittal.

## Section 1: General Information

Date:

Applicant’s Name:  
 Last:                      First:                      MI:

Date of Birth:              Birthplace:

Mailing Address:  
 Number & Street:  
 City:  
 State or Province:  
 Zip or Postal Code:  
 Country:

E-mail Address:

Phone Numbers:  
 Business:  
 FAX:  
 Home:

Name of Present Company:

Address of Present Company:  
 Number & Street:  
 City:  
 State or Province:  
 Zip or Postal Code:  
 Country:

Is Your Present Company an INCOSE Corporate Advisory Board Organization? Yes  No   
 (See <http://www.incose.org/about/organization/cab.cfm> for a list of CAB organizations)  
**Note: Employees of CAB organizations are eligible for INCOSE-member discounted application fees.**



**Section 2: INCOSE Membership & Certification Interest**

Are you a member of INCOSE? Yes  No

If yes, what is your INCOSE member number?

Do you currently have any level of INCOSE SE certification? Yes  No

If yes, please indicate the current level and date attained.  
 Associate Systems Engineering Professional (ASEP) Date  
 Certified Systems Engineering Professional (CSEP) Date  
 Certified Systems Engineering Professional – Acquisition (CSEP-Acq) Date

Type of Certification Requested with this Application – Please Indicate in List Below  
 Associate Systems Engineering Professional (ASEP)  
 Certified Systems Engineering Professional (CSEP)  
 Certified Systems Engineering Professional – Acquisition (CSEP-Acq)  
 Transition from Associate Systems Engineering Professional (ASEP) to CSEP  
 Transition from Associate Systems Engineering Professional (ASEP) to CSEP - Acq  
 Transition from Certified Systems Engineering Professional (CSEP) to CSEP-Acq

**Exam First Option for CSEP and CSEP-Acq Applicants Only**

Under this option, applicants

- Must complete all sections of this form and submit it along with the non-refundable application fee
- Will be authorized to take the certification exam before INCOSE receives the recommendations from their references or reviews their experience
- Will be authorized to take the exam only three times within one year of the submittal of this application
- Will pay the exam fee separately to the testing organization each time the exam is scheduled
- Will not be allowed to claim or use the notation of INCOSE Certified Systems Engineering Professional (CSEP) or INCOSE Certified Systems Engineering Professional – Acquisition (CSEP - Acq) by only passing the certification exam.

Do you wish to exercise this option and acknowledge the above conditions: Yes  No

**Section 3: Fee Payment (Applicable Fees Are Listed on the INCOSE Web Site at [https://www.incose.org/cc\\_orders/incosecertpayment.asp](https://www.incose.org/cc_orders/incosecertpayment.asp))**

I have submitted the non-refundable application fee via:

Credit card payment in the amount of \$ \_\_\_\_\_ made online at the Certification Payment page of the INCOSE website, if application is being submitted electronically

Check in the amount of \$ \_\_\_\_\_ enclosed with this application, if application is being submitted in paper form

Part of a group payment: Indicate organization name and date of payment:



**Section 4: Education**

Colleges and Universities:*	From	To	Date of Graduation	Major Field	Degree
1.					
2.					
3.					
4.					

\* Copies of college or university transcripts or diplomas must be submitted as proof of having received a degree

**Section 5: Experience – ASEP Applicants & Current CSEP to CSEP-Acq Applicants Skip to Section 7**

Describe at least five years of systems engineering experience performing tasks defined in Attachment A to Form 2 “Instructions for Systems Engineering Certification Application.” Under “Your Duties and Responsibilities” include the depth of detail typically provided on a job resume about the SE tasks/functions you performed and the products produced. If you do not have a technical degree, describe your additional years of engineering experience required to qualify for certification. Start with your current position and continue in reverse chronological order.

P1 Date From:                      Date to:

Company Name:

Immediate Supervisor/Peer:

- Name:
- Title:
- Address:
- E-mail Address:
- Phone Number:

Your Title/Position:

Your Duties and Responsibilities:

P2 Date From:                      Date to:

Company Name:

Immediate Supervisor/Peer:

- Name:
- Title:
- Address:
- E-mail Address:



Phone Number:
Your Title/Position:
Your Duties and Responsibilities:
P3 Date From:            Date to:
Company Name:
Immediate Supervisor/Peer: Name: Title: Address: E-mail Address: Phone Number:
Your Title/Position:
Your Duties and Responsibilities:
P4 Date From:            Date to:
Company Name:
Immediate Supervisor/Peer: Name: Title: Address: E-mail Address: Phone Number:
Your Title/Position:
Your Duties and Responsibilities:
P5 Date From:            Date to:
Company Name:
Immediate Supervisor/Peer: Name: Title: Address: E-mail Address: Phone Number:
Your Title/Position:
Your Duties and Responsibilities:
P6 Date From:            Date to:
Company Name:
Immediate Supervisor/Peer: Name: Title: Address: E-mail Address: Phone Number:
Your Title/Position:
Your Duties and Responsibilities:
P7 Date From:            Date to:
Company Name:



Immediate Supervisor/Peer: Name: Title: Address: E-mail Address: Phone Number:
Your Title/Position:
Your Duties and Responsibilities:



**Summary Table of Applicant’s SE Experience – Required with Less Than Seven (7) Years of Experience; Optional with Seven (7) or More Years of Experience.**

If you use this Summary Table, the experience summarized should be your equivalent full-time experience in months (no decimals please) in each SE work area and should be supported by the detailed information provided above. The total time in this table should not exceed the duration of your career. You may list the months of experience gained for each SE work area for up to seven job positions (P1 to P7), you may list the total experience gained in each SE work area on all positions (far right column), and/or you may fill out the entire table as applicable. (See the instructions in Form 2 for further guidance.)

Work in Months on Position PX in SE Area	P1	P2	P3	P4	P5	P6	P7	Total Months of Effort in Each Work Area
SE Work Areas - Detailed Definitions of the Work Areas Are Provided in Form 2								
Requirements Engineering								
Risk and Opportunity Management								
Baseline Control								
Technical Planning								
Technical Effort Assessment								
Architecture/Design Development								
Qualification, Verification, and Validation								
Process Definition								
Tool Support								
Training								
Systems Integration								
Quality Assurance								
Specialty Engineering								
Other								
Total for All Areas								



**Section 6: References – ASEP Applicants & Current CSEP to CSEP-ACQ Applicants Skip to Section 7**

**An application shall contain the names of and reference endorsements of not less than three persons, not related to the applicant by blood or marriage, who have personal knowledge of the experience on which the applicant predicates his/her qualifications. At least one reference should be a current or former supervisor. The applicant's experience reported and confirmed by the references must cover the entire period of experience needed by the applicant to qualify for certification. Each individual reference does not have to confirm the entire period of the applicant's experience, but the collective set of references must support the entire period of the applicant's experience. You must send to each of your references the Reference's Instruction Letter (Form 4A) and Reference's Comments and Recommendations Form (Form 4B). You are responsible for getting your references to provide a timely submission (preferably within two weeks) of their comments and recommendations to the INCOSE Certification Office to support your application.**

**Reference 1**  
 Name:  
 Address:  
 Number and Street:  
 City:  
 State or Province:  
 Zip or Postal Code:  
 Country:  
 Phone Number:  
 Email Address:  
 Work Relationship of Reference to Applicant:

**Reference 2**  
 Name:  
 Address:  
 Number and Street:  
 City:  
 State or Province:  
 Zip or Postal Code:  
 Country:  
 Phone Number:  
 Email Address:  
 Work Relationship of Reference to Applicant:

**Reference 3**  
 Name:  
 Address:  
 Number and Street:  
 City:  
 State or Province:  
 Zip or Postal Code:  
 Country:  
 Phone Number:



Email Address:  
 Work Relationship of Reference to Applicant:

**Reference 4 (Optional)**

Name:  
 Address:  
     Number and Street:  
     City:  
     State or Province:  
     Zip or Postal Code  
     Country:  
 Phone Number:  
 Email Address:  
 Work Relationship of Reference to Applicant:

**Reference 5 (Optional)**

Name:  
 Address:  
     Number and Street:  
     City:  
     State or Province:  
     Zip or Postal Code:  
     Country:  
 Phone Number:  
 Email Address:  
 Work Relationship of Reference to Applicant:

**Section 7: Affidavit by Applicant**

I, the undersigned, have read the contents and information hereof, and to the best of my knowledge and belief the statements contained in this application are true in substance and effect and are made in good faith. I further state that I have read the INCOSE Code of Ethics and pledge to adhere to it. I further understand that my name (with organization/division, city, state, and country only) will be posted on the INCOSE public web site and may be otherwise communicated by INCOSE if I am recognized as a Certified Systems Engineering Professional. I further understand that my experience will be considered only through the date of this application, noted below. I understand that I have one calendar year from the application date to complete all of the activities associated with the application.

Accept Affidavit: Yes  No

**Applicant's Signature:**

**Date:**