

Rhode Island Examination Information

NCEES EXAM ADMINISTRATION SERVICES FOR APRIL 2011

January 1 - First Time and Repeat - Deadline for applications to Board

December 1 (tentative) - NCEES Exam Administration Services registration opens.

February 18 - NCEES Exam Administration Services registration deadline.

February 18 - Deadline for examinees to submit ADA and Religious Accommodation requests to NCEES (refer to NCEES Web site for application): www.ncees.org/exams/special_accommodations/

February 18 - Cancellation deadline. Examinees will receive a refund of all but \$35 if they cancel online by this deadline.

2-3 weeks before exam - Distribute exam authorization notices to candidates. Candidates will be notified via email that the authorization notices are available through their online account, and should be printed to bring with them for admission on exam day.

January 21 - Any candidates who have not received their exam authorization by this date should call NCEES at 877-536-7729.

April 8 - Exam administration.

Rhode Island Examination Information

Rhode Island Approval and Registration Information

If you are planning to register for the exam in Rhode Island, read ALL information on this page before proceeding with registration.

State Approval Application Deadlines for April 2011

All Applicants (First-Time and Repeat): Postmarked by January 1, 2011

Please review all information and policies provided on the [Registration Information](#) page to ensure you understand the entire exam process.

If you have any questions about the process, email NCEES Administrative Services using the [feedback form](#) or call us at (877) 536-7729.

- **First-time examinees must complete the Rhode Island Board's application for examination found at the [Rhode Island Board Web site](#) (this will be a link to <http://www.bdp.state.ri.us/>).**
- **Re-examination examinees who have been previously approved by the Rhode Island Board must submit a letter of request to the Rhode Island Board. All repeat examinees must reschedule with the Rhode Island Board to be considered approved.**
- Once you have received approval notification from the Rhode Island Board, you must register with and pay exam fees to NCEES Exam Administrative Services to reserve your seat for the exam.
- To ensure you receive all email communications from NCEES Exam Administrative Services without delay, please add noreply@els-examreg.org to your address book. If your email provider allows, you should also make **els-examreg.org** a safe domain for receipt of emails.
- **Admission authorization notices:** You will receive an email from NCEES Exam Administrative Services 3 to 4 weeks before the examination indicating that your admission authorization notice is available to be downloaded and printed for exam day. If you have problems logging in to [your account](#), please **contact NCEES Exam Administrative Services for assistance**. **A link to the NCEES Candidate Agreement** will be in your email announcement for you to review prior to exam day. If you have to sign your answer sheet affirming you have read and understand [the information in the NCEES Candidate Agreement](#) and will abide by the stated policies, procedures, and conditions.
 - If you do not provide an email address to NCEES Exam Administrative Services, your admission notice will be . Postal Service.
- **NCEES** releases exam results to the Rhode Island Board 10 to 12 weeks after the exam date.

Fees - \$65.00 for Comity application only. No fee to apply for examination.

Note: If you register for an examination and have not been approved by the Rhode Island Board, your exam fee will NOT be refunded. If you are not sure whether you have been approved or whether you are eligible to sit for an examination, contact the Rhode Island Board before registering.

Exam Sites

Locations are available on a first-come, first-served basis. If the location reaches maximum capacity, you will be moved to the next available location.

Exact location, building, and room information will be on your admission authorization notice. It is your responsibility to obtain directions and ensure that you arrive at the exam site on time on the day of the exam. If you need specific driving directions, please refer to the exam site's Web site (if provided) below or use an Internet search engine such as Google or Yahoo.

Exam Times and Schedule

Review the [exam day timeline](#).

Examination	Day	Date	Report time	Length	Open/Closed Book
PE	Friday	April 8	7:15 am	8 hours	Open Book
PS	Friday	April 8	7:15 am	6 hours	Open Book
FE	Saturday	April 9	7:15 am	8 hours	Closed Book
FS	Saturday	April 9	7:15 am	8 hours	Closed Book

Afternoon report times will be announced during the morning session.

Examinee admissions will take place from 7:15–7:40 a.m. **The exam room doors will be closed at 7:40 a.m. Absolutely no examinees will be allowed in the exam room after 7:40 a.m. It is your responsibility to take necessary precautions to ensure you arrive on time.** All examinees must be seated when instructions begin at 7:40 a.m.



STATE OF RHODE ISLAND

Bd. of Registration for Professional Engineers

1511 Pontiac Ave, Building 68-2
Cranston, RI 02920
(401) 462-9592 Fax: (401) 462-9532
www.bdp.state.ri.us

IMPORTANT INFORMATION

EFFECTIVE 11/18/2008

All required documentation must be in sealed envelopes and must be submitted with the application and fee. Incomplete packages will not be processed and will be returned to the applicant.

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
STATE BOARD OF REGISTRATION FOR
PROFESSIONAL ENGINEERS**

BOARDS FOR DESIGN PROFESSIONALS
1511 PONTIAC AVE, BUILDING 68-2, CRANSTON, RI 02920
(401) 462-9592 Fax: (401) 462-9532

Attach in this space unmounted
recognizable recent photograph with face
not less than inch wide.

Photograph taken more than six months
prior to filling application is not
acceptable. Professional passport type
required.

Do not use staples when attaching
photograph. Paste or cellophane tape may
be used.

Affix signature on photo at the bottom.

APPLICATION FOR CERTIFICATION AS AN ENGINEER -IN- TRAINING

I apply for certification as an Engineer -In- Training in the State of Rhode Island under the provisions of Section 5-8-11(2) of Rhode Island General Laws as amended under the classification marked below.

Check one Classification

Graduation and Examination: §5-8-11(2)(a)

Graduation from a nonaccredited program and examination and additional experience: §5-8-11(2)(b)

Submit copy of Bachelor of Science Degree with this application or within one year from date of this application.
Certificate number will not be issued without receipt of said document.

I. GENERAL INFORMATION

1. Name (as desired on certificate) _____
2. Address _____ City _____ State _____ Zip Code _____
3. Telephone (Home) _____ (Work) _____
4. Date and place of birth _____
5. Have you been refused certification by another state? _____
6. If so, which? _____
7. Are you engaged in engineering work at the present time? _____
8. If not, state occupation (If student, so state with date of graduation) _____
9. Memberships in Prof. Societies _____
10. Social Security Number _____
11. Have you previously taken an EIT test? _____. If yes, provide the following particulars:
State _____ Year(s) _____ Pass _____ Fail _____

II. REFERENCES

List below three (3) citizens, one (1) of whom shall be a registered professional engineer familiar with your engineering education and experience. (Do not include relatives or members of the Board).

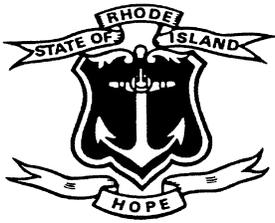
Name	Address	Occupation	Relationship

III. FORMAL EDUCATION

Key	(A) High School	(B) Preparatory School		(C) College or University	
	Name and Address of Institution	Years Attended		Date of Graduation	Courses Completed Degrees
		From	To		
A					
B					
C					(1)
D					(1)

(1) List Major Courses of Study:

If either of the C-Key institutions listed above are **FOREIGN INSTITUTIONS**, the applicant must have his/her education evaluated
 As of September 5, 2006 if a degree is received from a foreign institution, the applicant must have his/her education evaluated through
 the Center for Professional Engineering Education Services - An Affiliate of NCEES, P.O. Box 720010 Miami, Florida, 33172
 Phone 1-800-464-7650, Fax 305-348-5049, Web address www.cpees.org



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EXAMINATION RECORD

PLEASE LIST EACH AND EVERY TIME THAT YOU HAVE TAKEN THE **FUNDAMENTALS OF ENGINEERING (EIT)** EXAMINATION.

APPLICANT'S NAME & ADDRESS

COMPLETE ALL INFORMATION REQUESTED BELOW.

EXAM	DATE	STATE	RESULTS	
			Pass	Fail

Please fill in the following:

I have taken the Fundamentals of Engineering Exam (EIT) a total of _____ times.

I am the applicant named in this application and certify under penalty of perjury that the foregoing is true and correct in every respect.

DATE EXECUTED ON: _____

PRINT NAME: _____

Date Mailed _____

AFFIDAVIT

(To be made before a Notary Public or other official qualified by law to administer oaths.)

The undersigned, being duly sworn, upon his oath deposes and says that the foregoing statements to the best of his knowledge and belief are true and made in good faith.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____

Notary Public

My commission expires _____

**(This space not to be used by Applicant)
RECORD OF BOARD**

Check No. _____

Date _____

Name of Applicant _____

Amount of fee paid \$ _____

Considered by the Board _____

Action of the Board _____

Personal Interview Held _____ Date _____

Certificate Issued _____

Number _____

Certificate Mailed _____

Discipline _____

Examination given:

Date _____ State _____ Score _____

Date Reviewed By: _____

Secretary's Notes:

Program Accredited Yes _____ No _____



Tax Payer Status Affidavit / Identity Verification

All persons applying or renewing any license, registration, permit or other authority (hereinafter called "licensee") to conduct a business or occupation in the state of Rhode Island are required to file all applicable tax returns and pay all taxes owed to the state prior to receiving a license as mandated by state law (RIGL 5-76) except as noted below.

In order to verify that the state is not owed taxes, licensees are required to provide their Social Security Number and Federal Tax Identification Number as appropriate. These numbers will be transmitted to the Division of Taxation to verify tax status prior to the issuance of a license. This declaration must be made prior to the issuance of a license.

Please return this affidavit along with your license application to: Rhode Island Department of Business Regulation, 1511 Pontiac Avenue, Cranston, RI 02920.

Licensee Declaration

- I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have paid all taxes owed.
- I have entered a written installment agreement to pay delinquent taxes that is satisfactory to the Tax Administrator.
- I am currently pursuing administrative review of taxes owed to the state.
- I am in federal bankruptcy. (Case # _____)
- I am in state receivership. (Case # _____)
- I have been discharged from Bankruptcy. (Case # _____)

Type of Professional License for which you are applying

Full Name (Please Print or Type)

Social Security Number (or FEIN if appropriate)

Signature

Phone Number (including area code if not 401)

Date



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1511 Pontiac Ave, Building 68-2
Providence, RI 02920
INSTRUCTION SHEET

APPLICATION - Applicant must submit a complete application package. All required forms and documentation **must be in sealed envelopes** and attached to the application. It is imperative that all information requested on the application be completed and the photograph affixed and signed. Applications and/or documentation received which are not in sealed envelopes or are incomplete will not be reviewed or considered by the Board and the **entire application package** will be returned to the applicant.

APPLICATION DEADLINE DATE FOR EXAM - Application and all required documentation must be received or postmarked by **January 1 for the April examination** and by **August 1 for the October examination**. Applications received after these dates will be considered for the following test administration.

Graduates of a Foreign Institution-Applicant whose degrees were earned at a foreign institution must have their education evaluated through the NCEES Credentials Evaluations Service, 280 Seneca Creek Road, Seneca, SC 29678. Phone 800-250-3196, Fax 864-654-6824, and Website <http://www.ncees.org/Credentials.php>

I. GENERAL INFORMATION

 A. Complete all personal information. Be sure to affix your signature across your photo.

B. If response to question #11 is yes and you hold an engineer-in-training certification in another state, you must send a verification of registration form to that state with applicable fees, if any.

II. REFERENCES

 A. General Reference Form - The information on this form pertains to the applicant. On the application, list three (3) people, who can be used as references, not less than one (1) who is a registered professional engineer. Indicate their address, occupation and relationship in the space provided.

III. FORMAL EDUCATION

A. APPLYING BY EXAM -

1. Graduate - You must send a Verification of Education form to the appropriate university in the U.S.
2. Sr. Year - You must send a Verification of Education-Sr. Year form to the appropriate university in the U.S.

B. APPLYING BY COMITY -

Whose degrees were earned at foreign institution must have their education evaluated through the Center for Professional Engineering Education Services - an affiliate of NCEES, P.O. Box 720010 Miami, Florida, (33172, Phone 1-800-464-7650, Fax 305-348-5049, Web Address www.cpees.org.

IV. PROFESSIONAL EXPERIENCE

- Begin with your present position.
- List "from and to" dates in years and months.

(Over)

IV. PROFESSIONAL EXPERIENCE (cont'd.)

- C. Fill in title of position, name of employer and a **detailed** description of duties and responsibilities, **not projects**. If this description does not fit in the block provided on the application, an attachment must be submitted accordingly.
- D. Complete Non-Engineering Employment columns in years and months. **Do not leave blank columns.**
- E. Complete engineering experience columns in years and months. **Do not leave blank columns.**
- F. Indicate the name and address of immediate supervisor or professional engineer to whom you directly reported.
- G. You must complete the total time for all four (4) columns at the bottom of this section. **Do not leave blank columns.**

V. AFFIDAVIT

- A. This section must be completed in the presence of a Notary Public.
-
-

CHECKLIST...Please verify that the following are included in your application.

- Supplemental Information Form is included and notarized.
- All information in Section 1 is completed in full. Three (3) general reference forms **in sealed envelopes.**
- Signature on affixed photograph. Verification of Education and/or Sr. Year **in a sealed envelope.**
- Affidavit is completed and notarized & Tax Payer Affidavit ___ PM Module

KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS.

Please indicate in the appropriate block below which afternoon module you wish to take. You may only choose one (1) module and you will not be allowed to change your choice at any time.

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> CHEMICAL | <input type="checkbox"/> GENERAL |
| <input type="checkbox"/> CIVIL | <input type="checkbox"/> INDUSTRIAL |
| <input type="checkbox"/> ELECTRICAL | <input type="checkbox"/> MECHANICAL |
| <input type="checkbox"/> ENVIRONMENTAL | |



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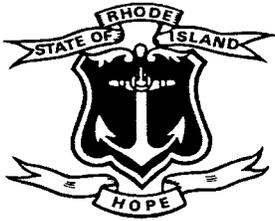
STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

RULES OF THE BOARD

IV- EXAMINATIONS (2.)

SUBJECT: Board Policy on the number of times an applicant may be allowed to take the Fundamentals of Engineering (FE) or Professional Engineer (PE) exams.

1. That a qualified applicant will be allowed to take the FE or PE exam a total of three (3) times. This would be an aggregate total regardless of where the exam was taken.
2. An applicant who has failed three (3) times, may request permission to take the exam for a fourth and final time, if:
 - a) Their score on their last attempt was a minimum of sixty (60) and
 - b) They agree to take and complete an appropriate review course or graduate courses in areas of their deficiency and submit written proof to the Board of having successfully completed such course or courses.
3. An applicant who fails the FE or PE exam a total of four (4) times, regardless of where or when the exam was taken, shall not be allowed to take the exam in Rhode Island, nor be granted a registration by reciprocity or comity should they pass it at a future date in a different state or jurisdiction.
4. An applicant who does not properly inform the Board of previous attempts to pass the exam in another state or jurisdiction, if such information comes to the Board's attention, shall be barred from taking any more exams in Rhode Island or shall have any license gained in Rhode Island revoked.
5. If an applicant obtains an additional engineering degree from an ABET accredited school then the Board may grant relief from these provisions for good cause shown.



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TITLE 5 - CHAPTER 8

ENGINEERS

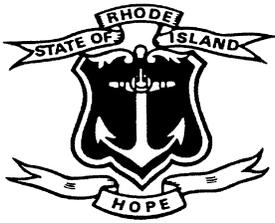
5-8-11 (2) GENERAL REQUIREMENTS FOR REGISTRATION AS AN ENGINEER-IN-TRAINING

A. GRADUATION AND EXAMINATION

A graduate of an ABET accredited engineering curriculum of four (4) years or more who has passed the Board's eight (8) hour written examination in the fundamentals of engineering is certified or enrolled as an engineer-in-training, if he or she is qualified.

B. GRADUATION FROM A NON-ACCREDITED PROGRAM AND EXAMINATION

A graduate of a non-accredited engineering curriculum of four (4) years or more who has passed the Board's eight (8) hour written examination in the fundamentals of engineering and has obtained two (2) years of engineering experience of a grade and character approved by the board is certified and enrolled as an engineer-in-training, if he or she is qualified.



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GENERAL REFERENCE FORM

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____

The above listed individual has filed an application for a certificate of qualification as an ENGINEER-IN-TRAINING with this Board. Please complete the information requested below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

1. GENERAL INFORMATION

<u>PRESENT POSITION OF APPLICANT</u>	<u>NUMBER OF YEARS KNOWN</u>	<u>IS APPLICANT INVOLVED IN ENGINEERING WORK OR STUDIES?</u>

Applicant's character and personal reputation are _____

In your opinion does the applicant indicate potential to be a credit to the engineering profession? _____

Remarks: _____

AUTHORIZED SIGNATURE: _____

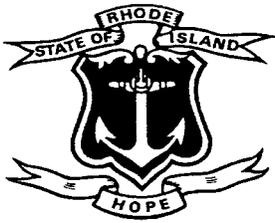
TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____

Are you a Registered Professional Engineer? _____ Yes _____ No



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VERIFICATION OF REGISTRATION

STATE BOARD NAME & ADDRESS

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____

Social Security No: _____

Date of Birth: _____

I. THE ABOVE NAMED PERSON WAS REGISTERED AS:

		<u>Certificate No.</u>	<u>Date Issued</u>	<u>Valid until</u>
ENGINEER IN TRAINING	<input type="checkbox"/> FE	_____	_____	_____
PROFESSIONAL ENGINEER	<input type="checkbox"/> PE	_____	_____	_____

II. BASIS OF REGISTRATION:

<input type="checkbox"/> 1. WRITTEN EXAMINATION	<u>Hours</u>	<u>Score</u>	<u>Waived</u>	<u>Exam Date</u>	<u>NCEES</u>
Fundamentals of Engineering (FE)	_____	_____	_____	_____	_____
Principles & Practice of Engineering (PE)	_____	_____	_____	_____	_____

EXAM DISCIPLINE: _____ **If your state does not license by discipline please check here** _____.

2. ORAL EXAMINATION: FE Hours: _____ PE Hours: _____

3. E.I.T. ACCEPTED FROM: _____

4. P.E. ACCEPTED FROM: _____

5. EDUCATION AND EXPERIENCE: If less than 8 years experience including graduation from ECPDD engineering curriculum, please check here _____ and give details on the other side.

6. OTHER: Please give full details on the other side.

III. QUESTIONS:

	<u>Yes</u>	<u>No</u>
1. Has any disciplinary action ever been taken against the applicant?	_____	_____
2. If so, has this disciplinary case been satisfied to the Board's requirements?	_____	_____

If not, give details. _____

IV. _____ PLEASE SEE OTHER SIDE FOR FURTHER EXPLANATION OR COMMENTS.

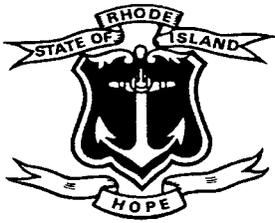
AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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VERIFICATION OF EDUCATION

UNIVERSITY NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

APPLICANT'S NAME & ADDRESS

To: _____

 Social Security No: _____
 Date of Birth: _____

The above listed individual has filed an application for a certificate of qualification as an Engineer-in-training with this Board. Please complete the information requested in the sections below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information secured from references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

The Rhode Island State Board of Registration for Professional Engineers requires that the specific "Type of Degree(s) Received" be filled in by the Registrar's Office. (i.e., B.S. in Civil Engineering)

4. EDUCATION

<u>FROM</u>	<u>YEARS</u>	<u>TO</u>	<u>DATE GRADUATED</u>	<u>TYPE OF DEGREE RECEIVED</u>

Remarks: _____

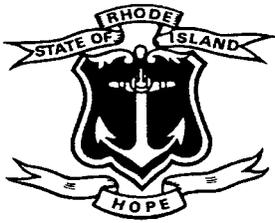
AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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VERIFICATION OF EDUCATION - SENIOR YEAR

UNIVERSITY NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

APPLICANT'S NAME & ADDRESS

To: _____

Social Security No: _____
Date of Birth: _____

Kindly verify whether or not the listed individual is currently enrolled in his/her **SENIOR YEAR** in an engineering curriculum. Also please verify the anticipated degree and date.

<u>IS APPLICANT ENROLLED IN SR. YEAR?</u>		<u>ANTICIPATED DEGREE & DATE</u> (i.e., B.S. in Civil Engineering)
<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	

Remarks: _____

AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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VERIFICATION OF PROFESSIONAL EXPERIENCE

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____

The above listed individual has filed an application for a certificate of qualification as an **Engineer-In-Training** with this Board. Please complete the requested information below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

PROFESSIONAL EXPERIENCE

<u>DATES</u> <u>FROM</u> <u>TO</u>	<u>NAME OF EMPLOYER</u>	<u>SUB-PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>RESPONSIBLE</u> <u>CHARGE</u> <u>(YRS.)</u>	<u>DESIGN</u> <u>(YRS./MONTHS)</u>

List position and a brief description of duties and responsibilities: _____

In your opinion is the applicant qualified to be considered for designation as an Engineer-In-Training? _____

In your opinion, the applicant's character and personal reputation are _____

Remarks: _____

AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____