

Application for Certified Consulting Meteorologist



American Meteorological Society
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Serving the Atmospheric and Related Oceanic and Hydrologic Sciences Since 1919

Please complete this entire application and provide a summary of your record of technical experience on a separate sheet of paper. You will be required to do the following (except as may be waived at the discretion of the Board of Certified Consulting Meteorologists): (1) pass a written examination administered by the Board; (2) submit (along with this application) a technical report in the field of meteorology prepared by you or under your direction (specific guidelines for the technical report may be found in the CCM application procedures – number 6, section 3 – see <http://www.ametsoc.org/amscert/ccmprogram.pdf>); (3) and pass an oral examination administered by the Board. Transcripts from universities and colleges, statements from references and supporting documents are to be submitted to AMS Headquarters, Attn: CCM Program. Please return this application and a copy of your technical report, along with the fee of \$300 (AMS Members); \$600 (Non-members) to AMS Headquarters, Attn: CCM Program, 45 Beacon St., Boston, MA 02108-3693. Technical reports may also be submitted via email to amsprof@ametsoc.org.

Name _____

Home Address _____ City _____ State _____ Zip Code _____

Employer (or self-employed) _____

Address _____ City _____ State _____ Zip Code _____

Contact Information:

Home Phone: _____ Office Phone: _____ E-mail: _____

My academic record, which I submit in support of my application, is as follows:

Academic Institution	Degree	Major	Year

I have requested registrars of the above academic institutions to forward transcripts of my records directly to the chairperson of the Board, c/o CCM Program at AMS Headquarters.

List any additional non-academic accomplishments during your military service (if applicable) or with any other government program and/or private institution.

1.	
2.	
3.	
4.	

I am a member of the following technical societies and have the following technical affiliations or distinctions: engineering or scientific societies (give grade of membership); honorary, scholastic or technical fraternities; prizes or awards; honorary degrees; engineering registration; military or civilian citations for technical achievement, etc.

1.
2.
3.
4.

My publications, inclusive of M.S. and Ph.D. dissertations (with full bibliographic citations) pertinent to this application are: - Attach a separate sheet to give a further listing of publications.

TECHNICAL EXPERIENCE RECORD

On an attached sheet of paper, please submit your record of technical experience. PLEASE BE EXPLICIT as to your duties, character of work, its importance, and your degree of responsibility in connection with each engagement. Make statements brief and concise, designating each engagement or change in position by a separate letter (ex. a,b,c,...). Include magnitude and complexity of work in which engaged, dates of engagement, your duties and degree of responsibility, and the name, title and address of an individual (not deceased) familiar with each engagement, preferably the person to whom you reported. Please include whether the engagement is “sub-professional” or “professional” work. Please use the following table as a guide.

Engagement	2		3 TITLE OF POSITION, NAME OF EMPLOYER AND CHARACTER OF EACH ENGAGEMENT	4		5 NAME, TITLE AND ADDRESS OF SUPERVISOR
	Date	To		Time (Years in Decimals to Tenths)		
	From			(A) Sub-Professional Work	(B) Professional Work	
a						

Area(s) of specialization in atmospheric and related oceanic and hydrologic sciences:

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Association or employment with consulting companies or Certified Consulting Meteorologists:

The following three persons have indicated their willingness to serve as references in support of my application. These persons are in one or more of the following capacities and at least one of the three should preferably be a Certified Consulting Meteorologist:

1. Department head or senior faculty member in the department of major study at the academic institution(s) I have attended.
2. Official of a client company or institution or agency
3. A superior in my employing company, institution, or governmental agency.
4. A Certified Consulting Meteorologist. (See August Bulletin for list.)
5. A colleague with whom you have had extensive professional collaborations

Name	Title	Mailing Address
A)		
B)		
C)		

I authorize the chairperson of the Board of Certified Consulting Meteorologists to write directly to the above listed references for a statement concerning my qualifications. I also understand that the chairperson of the Board has the right to communicate with those persons and organizations, which I have named in this application in regard to my qualifications for certification.

I agree that the granting of the Certificates for Consulting Meteorologists by the American Meteorological Society is made under procedures prescribed by the Council. I agree that my Certificate, if granted, may be revoked by the Council. I agree to abide by the decisions of the Council in all matters pertaining to the processing of my application for Certification, granting or denial of the Certification, or revocation of the Certificate if those bodies acting in due authority so decide that action is advisable. I hereby waive any right I may have by existing or future law, federal or state, to file suit against, recover damages, or recover court costs from the American Meteorological Society, the Board of Certified Consulting Meteorologists, or any member of a Board, Commission, or Council of the American Meteorological Society, in connection with my application for certification, the certification procedures, or renewal or revocation of Certification.

It is my understanding that my non-refundable application fee is to be applied to the expenses in processing my application and that this fee will be paid to the American Meteorological Society on receipt of the application. Certification is granted for a period of one year and is renewed annually. Renewals are billed by the American Meteorological Society in conjunction with annual membership and subscription notices. Finally, I understand that this professional certification program is a service offered by the American Meteorological Society in accordance with its constitution and by-laws.

I certify that the information I have furnished above is complete and accurate. I agree to support the objectives of the Society and to abide by Article XII - Guidelines of Professional Conduct - of the Constitution of the American Meteorological Society.

I agree to not enter into any technical consultation with a CCM Board member at any point in the process, prior to the conduct of the oral examination. Should it be determined that such consultation has taken place, the CCM Board reserves the right to deny oral examination.

Date: _____ Signed: _____