



ETA[®] International Certification Maintenance Form

STEP 1: Personal Information

Date: _____

NAME: _____

MAILING ADDRESS: _____

PHONE: _____ CELL: _____ EMAIL: _____

STEP 2: Continuing Education – Contact Hours

Course Title/Type	Certificate Attached	Completion Date	Contact Hours
1			
2			
3			
4			
5			
Total Contact Hours			

DOCUMENT VERIFICATION MUST BE ATTACHED

The certification holder must acquire ten (10) contact hours per year. These contact hours are to be submitted on an annual basis to ETA throughout the four-year certification period. These contact hours may be in the form of:

- Working in the field of your certification (Complete Employee Work Verification form below)
- Education credits/College credit transcripts
- Completion certificates affirming successful participation at training sessions*
- Conference/Seminar session attendance (verification required)
- Authoring papers, articles or books published in your current field of expertise (verification required)
- Participation as an ETA exam advisory Committee Member SME (Subject Matter Expert)
- Making presentations at technical meetings or seminars (verification required)
- Electronics instructors - Documentation to ETA verifying employment at a school or training facility

*Accepted types of training sessions include any electronics technician classes or courses. They may be conducted at association sponsored seminars and conventions, manufacturer/supplier product technical seminars, military electronics training classes and/or similar events.

STEP 3: Maintenance Fee - **\$25.00** per year (**\$45.00** for individuals located outside the U.S.)

Payment Method:

- Check (Check # _____)
PLEASE MAKE CHECKS & MONEY ORDERS PAYABLE
TO ETA INTERNATIONAL. MUST BE IN U.S. DOLLARS.
- Money Order

- Credit Card
 - Visa MasterCard
 - Discover American Express

Credit Card # _____

Exp. Date _____ CSV Code _____

Name on Card _____

I certify that the information contained in this renewal form is true and complete to the best of my knowledge. I understand that providing falsified or misleading information may constitute immediate cancellation of my CET status with ETA International.

Signature _____ Date _____

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STEP 4: Employer Information

EMPLOYEE NAME: _____

SUPERVISOR NAME: _____ TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____ EMAIL: _____

YEARS ON THE JOB: _____ ON THE JOB TRAINING: YES NO

JOB FUNCTIONS IN AREA OF CERTIFICATION (S):

ADDITIONAL COMMENTS:

Supervisor Signature _____ Date _____

Please mail or fax all documentation to:

ETA International
5 Depot Street
Greencastle, Indiana 46135
Fax: (765) 653-4287

If you have any questions, please contact ETA at (800) 288-3824

Please allow four weeks for processing of documentation.