

FE EXAM REIMBURSEMENT APPLICATION FORM

Long Island Chapter New York State Society of Professional Engineers

The Long Island Chapter of the New York State Society of Professional Engineers is seeking to provide reimbursement of the \$175.00 Fundamentals of Engineering (FE) exam fee to recent graduates or students who are close to finishing a degree from an ABET accredited engineering program in New York State and passed the NCEES FE exam within the last 12 months.

FE Exam Reimbursement Eligibility

- Applicants must have achieved a passing grade on an NCEES FE exam within the 12 months
 prior to the reimbursement application form submission date.
- Applicants must be currently enrolled in or a recent graduate (two years or less following degree completion) of an ABET-accredited engineering program at a college or university in New York State.
- Applicants must have a permanent Long Island address.
- Applicants must be endorsed by a member of the NYSSPE Long Island Chapter.

Application Materials

- A completed FE Exam Reimbursement Application Form.
- Proof of passing grade on an NCEES FE Exam

Application Submission and Deadline

 To apply candidates must submit the application materials listed to the mailing address or email address below.

For mailing, please send to the address below:

Brian M. McCaffrey, P.E. Brookhaven National Laboratory PO Box 5000, Bldg. 555 Upton, NY 11973

For electronic submission, please use "FE Exam Reimbursement" in the subject line and send to the following email address: bmccaffrey@bnl.gov



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Applicant Information Name:

Academic Year Completed: □ Senior □ Graduate Student □ Recent Graduate
School:
Engineering Degree Program:
Received a Passing Grade on NCEES FE Exam: □ Yes (Provide copy of document)
Permanent Mailing Address:
Phone Number:
E-mail Address:
Endorsing NYSSPE-LI Member Name:
Endorsing NYSSPE-LI Member ID No.
Please read and sign this statement:
The information provided in the application is true and I hereby grant to the Long Island Chapter Fl Exam Reimbursement Committee permission to attempt to verify any information included in this application for reimbursement.
Signature: Date: