



Application for Mechanic Certification

Name: Last _____ First _____ M.I. _____

Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone No.: _____

Email Address: _____

Home Address: (City, State, Zip) _____

Home Phone: _____

SSN# (last four digits):- _____ Years of Healthcare Maintenance Experience: _____

Affidavit Of Current Supervisor

As the current supervisor of the named, I hereby affirm the applicant is eligible for Healthcare Mechanic Certification, and acknowledge the applicant as employed in healthcare maintenance services for the years noted above.

Supervisor Signature Printed Name Date Phone #

Supervisor Email WHEA Chapter #

Questions, go to: www.whea.com

___ Preparation Manual(s) Qty. ___ @ \$45.00 ea. \$ _____

___ Certified Mechanic Test \$ 105.00

___ Certified Test and Preparation Manual \$130.00

___ Senior Certified Mechanic Test \$105.00

___ Senior Certified Test and Preparation Manual \$ 130.00

Make checks, money orders or purchase orders payable to:

Wisconsin Healthcare Engineering Association

Mail application and fees to:

James Hildebrand, Wisconsin – MECH Program Manager
N.76 W. 15366 Prairie Lane
Menomonee Falls, WI 53051

Phone: (414) 464-3880 X509

Fax: (414) 464-1045

Email: jhildebrand@luthermanor.org