



WISCONSIN HEALTHCARE ENGINEERING ASSOCIATION

Application for Mechanic Certification

Name: Last _____ First _____ M.I. _____

Facility: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Daytime Phone: _____

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. \$ _____

___ Mechanic Test \$105.00

___ Test and Preparation Manual \$130.00

P.O.# _____ or Check # _____ (Required to process)

Note: Test is not sent to the Proctor until payment is received!

Make Checks, money orders, or purchase orders payable to: *Wisconsin Healthcare Engineering Association*

Mail application and fees to:

James Hildebrand
Wisconsin – MECH Program Manager
N76 W15366 Prairie Lane
Menomonee Falls, WI 53051
Phone: (414) 464-3880 X509 Fax: (414) 464-1045
Email: jhildebrand@luthermanor.org