



CERTIFIED CONFORMANCE EVALUATOR (CCE)

Identification Number: _____
(For Office Use Only)

3-A SANITARY STANDARDS, INC. APPLICATION FOR CERTIFIED CONFORMANCE EVALUATOR (CCE)

General Information:

- For complete information on the 3-A SSI Third Party Verification inspection program, see the *3-A Sanitary Standards, Inc. Manual for Third Party Verification and 3-A Symbol Authorization* at <http://www.3-a.org/Portals/57/Documents/TPV%20Manual%20Rev%206-8-2017.pdf?ver=2018-01-09-161340-393×tamp=1515533036109>
- The Certified Conformance Evaluator (CCE) credential is a primary requirement for the performance of the TPV inspection for the hygienic design of equipment. For complete information on the CCE program, see *Criteria for Certified Conformance Evaluators* at: <http://www.3-a.org/Portals/57/Criteria%20for%20CCEs%20v.8-2007%20rev.%2009-03-2015.pdf?ver=2017-04-03-105333-937>
- The **complete application package** described on p. 4 of this application must be received by 3-A SSI no later than **Friday, March 30, 2018**.
- Notification of eligibility will be made to applicants no later than **April 6, 2018**.
- The proctored, written exam will be administered **Monday morning, May 14, 2018** at:

**Hilton Minneapolis/St. Paul Airport - Mall of America
Bloomington, MN**

- The exam will be given in conjunction with the 3-A SSI 2018 Annual Meeting and Education Programs. CCE applicants are responsible for all travel and lodging expenses. Event registration is not required to sit for the CCE exam. See program information under *News & Events* at: <http://www.3-a.org/Whats-Going-On-at-3-A/Events>

Applicant Information:

Name (Last, First, Middle): _____

Address: _____

City	State	Zip Code
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Other Names Used (e.g., maiden name, nickname, etc.): _____

Home Telephone: _____

Work Telephone: _____

Fax Number: _____

E-mail: _____

Are you a United States Citizen? Yes No

If "No," state citizenship country: _____

Education:

Did you graduate from high school or receive a GED high school equivalency certificate?

GED Yes No

Diploma Yes No

Did you graduate from college? Yes No

If "Yes", state degree and major. _____

Provide the name and location of the high school you attended or received your GED certificate.

Name	City	State	Zip	Phone	Year of Graduation/GED

Provide the name and location of each college or university attended.

Name	City	State	Zip	Phone	Semester Hours	Quarters	Degree Received	Year
1.								
2.								
3.								

Provide the chief undergraduate and graduate subjects studied.

Chief Undergraduate Subjects Show Major on First Line	Semester Hours	Quarters	Chief Graduate Subjects Show Major on First Line	Semester Hours	Quarters
1.					
2.					
3.					

List any other courses or training received related to the position. Identify the name and location (city, state, and zip) of the training, month and year attended, classroom hours, subjects, and if the training was completed, include a diploma, degree granted or certification.

Work Experience: List most recent employment first.

1. Name and Address of Employer:	Dates Employed (month, day, year):
	From: _____ To: _____
	Exact Job Title:

Description of work: Describe your specific duties, responsibilities, and accomplishments as they relate to the specific knowledge, skill and ability requirements. Add additional pages as necessary.

2. Name and Address of Employer:	Dates Employed (month, day, year):
	From: _____ To: _____
	Exact Job Title:

Description of work: Describe your specific duties, responsibilities, and accomplishments as they relate to the specific knowledge, skill and ability requirements. Add additional pages as necessary.

Note: If you need more experience blocks, add additional pages with the requested information.

Special Skills, Accomplishments and Awards:

List special skills or qualifications, and the title and year of any awards or special recognition received, that may help you qualify for the position.

List all language(s), which you speak or read (English required). Indicate whether you read, speak, or both, and the level of fluency.

I, the undersigned, do hereby attest that all statements and information provided or attached in this application are true, accurate and complete.

Applicant's Signature:	Date:
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Please be sure your **application package** includes the following:

- Completed application;
- Two letters of reference from previous employers or other individuals with direct knowledge of the candidate's work experience and integrity;
- A signed copy of the attached Code of Ethics Certification; and
- A non-refundable application fee of **\$475** is payable by check to **3-A Sanitary Standards, Inc.** This fee covers the Application, CCE Exam Fee and the applicant's first-year accreditation fee.

All applications must be sent to:

3-A Sanitary Standards, Inc.
6888 Elm Street, Suite 2D
McLean, Virginia 22101-3829
Attn: Eric Schweitzer
Email: erics@3-a.org

CODE OF ETHICS CERTIFICATION

To ensure that every user of the 3-A Symbol can have confidence in the integrity of the 3-A Symbol authorization, CCE shall respect and adhere to the principles of ethical conduct set forth in this section. The following general principles apply to every CCE. Where a situation is not specifically covered by these principles, a CCE shall apply the intent of the principles in determining whether their conduct is proper.

Violators of any of the Code of Ethics provisions shall be subject to removal from the TPV Program and the loss of any and all certifications granted under the program.

1. I shall not hold financial interests that conflict with the conscientious performance of my duties.
2. I shall not engage in financial transactions using audit-derived information or allow the improper use of such information to further any private interest.
3. I shall not solicit or accept any gift or other item of monetary value beyond reasonable compensation for my duties from any person or entity seeking or contracting with me for TPV services, or whose interests may be substantially affected by the performance or nonperformance of my duties as an evaluator.
4. I shall only perform my TPV activities within the scope of my knowledge.
5. I shall maintain strict confidentiality of proprietary information learned through my TPV activities.
6. I shall act impartially and not give preferential treatment to any organization or individual.
7. I shall adhere to all laws and regulations that provide equal opportunity for all, regardless of race, color, religion, sex, national origin, age, or disability.
8. I shall endeavor to avoid any actions creating the appearance that I am violating the ethical tenets set forth in this certificate. Whether particular circumstances create an appearance that these tenets have been violated shall be determined from the perspective of a reasonable person with knowledge of the relevant facts.
9. I shall not act in any way that would prejudice the reputation of the TPV program or 3-A SSI and I shall cooperate fully with any inquiry in the event of any alleged breach of the CCE program.
10. I certify that I will abide by the above Code of Ethics as a Certified Conformance Evaluator and that all of the statements and information provided or attached to my application are true, accurate and complete.

Applicant's Signature:	Date:
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