Application for Approval and Registration for tekom Certification Examination

**I hereby apply for approval for certification as “Technical Communicator (tekom)” and register for the certification examination. This registration is binding.**

Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name |  | | First Name |  |
| Title |  | | Street / Number |  |
| Postal Code |  | | City |  |
| State/Province |  | | Country |  |
| Home Phone |  | | Business Phone |  |
| Email |  | | Fax |  |
| Sex | Male | Female |  | |
| Date of Birth |  | | Place of Birth |  |
| tekom Member | Yes | No | Membership No. |  |
| Profession |  | | Employer |  |

Billing Address (if different from personal address)

|  |  |  |  |
| --- | --- | --- | --- |
| Company |  | | |
| Department |  | Email |  |
| Attn. |  | Street / Number |  |
| Postal Code |  | City |  |

Certification Applied For

|  |  |
| --- | --- |
| Certification, Expert Level |  |
| Certification, Professional Level |  |

Attachments: Certification Prerequisites (to be attached by applicant):

|  |  |
| --- | --- |
| **Certification, Professional Level – First Access Path:** |  |
| Participation in a qualification consultation |  |
| Proof of at least 1 year of professional experience in the area of technical communication (min. 35 hrs./week) |  |
| **Certification, Professional Level – Second Access Path:** |  |
| Proof of participation in one of the tekom-accredited training programs for Professional Level certification |  |

|  |  |
| --- | --- |
| **Certification, Expert Level – First Access Path:** |  |
| Participation in a qualification consultation |  |
| Proof of at least 2 years (based on weekly working hours of at least. 35 hrs.; if part-time work, correspondingly longer) of professional experience in the area of technical communication |  |
| **Certification, Expert Level – Second Access Path:** |  |
| Participation in a qualification consultation |  |
| Successful certification on the “Professional Level” |  |
| 1 year of professional experience in the area of technical communication (min. 35 hrs./week) |  |
| **Certification, Expert Level – Third Access Path:** |  |
| Proof of participation in one of the tekom-accredited training programs for Expert Level certification (full-time training) |  |
| If applying for a special approval (for participants with no professional experience but with in-service training): Participation in a qualification consultation plus a letter of recommendation from the training provider for Expert Level certification |  |
| **Certification, Expert Level – Fourth Access Path:** |  |
| Proof of participation in a tekom internship |  |
| Participation in an accredited training program |  |
| Proof of professional activity |  |

Approval Prerequisites:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Data Protection  Declaration  submitted | Yes | No | Declaration for Certification submitted | Yes | No |

Examination Details:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Desired date of examination | | | |  |  | |  |
| Day | Month | | Year |
| Language of certification examination | German | English | Language of certificate | German | | English | |

|  |  |
| --- | --- |
| Notes (e.g. disabilities) |  |

Expert Level Certification Examination only:

|  |  |
| --- | --- |
| Specification of Elective Areas | |
| **Elective Area 1** |  |
| **Elective Area 2** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Description of Technical Project**\*: | | | | | |
| Topic/title |  | | | | |
| Reason for topic  (Why do you want to work on this topic?) |  | | | | |
| Brief description of topic: | | | | | |
| Which modules/chapters are or were created by you? | | | | | |
| What content exactly is or was newly created or modified by you? | | | | | |
| Medium other than print? | | yes | no | DP system requirements | Operating system: |
| Software version: |
| Formats: |
| Is the technical project already available? | | yes | no | Date created: |  |
| Was the technical project created in a team? | | yes | no | Percentage consisting of your work (%) |  |
| Do you work with an authoring system? | | yes | no | Name of the system: |  |

\* Refer to the FAQs and the applicable certification rules. A reflection on the technical project must be annexed.

Declaration:

I am aware that, along with this completely filled-out registration form, I am required to pay approval fees for final approval for the examination as per the applicable fee schedule. I will pay the fees upon receipt of the invoice from tcworld GmbH, which processes the examination for tekom.

I am aware of the applicable certification guidelines, the contents of the FAQs, and the examination rules as well as the fee schedule and acknowledge same.

Withdrawal from the examination, especially shortly beforehand, incurs cancellation charges (see fee schedule). Moving the examination date to another examination date without charges, or taking the examination without payment of the invoice in full, is not possible.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Place | Date | Signature of the examination candidate |

Please send your application for the certification examination to tekom:

Preferably by email to:

h.keller@tekom.de

Or via fax or mail to:

Gesellschaft für Technische Kommunikation – tekom Deutschland e.V.

Rotebühlstraße 64

70178 Stuttgart

GERMANY

Fax +49 711 65704-99

Account for transfer of the examination fee (upon receipt of the invoice):

|  |
| --- |
| Commerzbank Stuttgart |
| IBAN: DE95 6004 0071 0556 9793 01  BIC: COBADEFFXXX |

To be completed by tekom only:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Certification candidate approved for certification examination | Yes | No | Reason for rejection |  | | | |
| Approved by |  | | Approval notice sent | Yes | | No | |
| Examination fee paid | Yes | No | Booking reference |  | | | |
| Board of examiners planned | Examiner 1 |  | | | | | |
| Examiner 2 |  | | | | | |
| Examination date planned |  | | Examination center planned |  | | | |
| Topic of technical project work acknowledged | Yes | No | Submission date for technical project |  |  | |  |
| Day | Month | | Year |
| Changed topic suggestion |  | | | | | | |
| Other references |  | | | | | | |

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Place | Date | Signature of tekom certification committee |