



# PHILIPPINE INSTITUTE OF CIVIL ENGINEERS, INC.

## SPECIALIZATION APPLICATION FORM AND GUIDELINES

(All entries must be computer printed or typewritten)

### FORM 1 APPLICANT'S CHECKLIST

- APPLICATION LETTER ADDRESSED TO THE PICE NATIONAL PRESIDENT, THRU THE CHAPTER PRESIDENT
- OFFICIAL ENDORSEMENT BY THE CHAPTER SIGNED BY THE PRESIDENT
- CERTIFICATE OF GOOD STANDING FROM THE CHAPTER
- CERTIFICATE OF REGISTRATION / VALID PROFESSIONAL IDENTIFICATION CARD
- CURRICULUM VITAE
- PERSONAL DETAILS (**FORM 2**)
- EXPERIENCE, if any (**FORM 3**)
- CODE OF ETHICS (**FORM 6**)
- APPLICANT'S DECLARATION (**NOTARIZED**) (**FORM 7**)

<b>FOR PICE NATIONAL USE ONLY</b>			
<b>APPLICANT NAME:</b>		<b>APPLICANT NO.</b>	
<b>SUBMITTED BY:</b> _____	<b>REGISTRATION FEE</b>	<b>OR NUMBER</b>	
<b>DATE</b> : _____			
<b>ACTIONS:</b>			
<b>Sub-Committee on:</b>		<b>Recommended for:</b>	<b>APPROVAL/DEFERMENT/DISAPPROVAL</b>
<b>Reasons for Deferment/ Disapproval</b>			
<b>ISG Committee</b>	<b>Chairperson's Name/Signature</b>	<b>APPROVAL/DEFERMENT/DISAPPROVAL</b>	
<b>Reasons for Deferment/ Disapproval</b>			

APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### FORM 2: PERSONAL DETAILS

Please paste passport size (48mm x 33mm) recent (6 mos.) colored picture with white background.

ATTIRE

MALE – COAT & TIE  
FEMALE – CORPORATE

#### 1. PERSONAL DETAILS

Title:  Prof  Dr  Eng  Mr  Mrs  Ms

Surname : \_\_\_\_\_

Given Names (in full) : \_\_\_\_\_

Middle Name : \_\_\_\_\_

Date of Birth : \_\_\_\_\_

Name of Employer : \_\_\_\_\_

Private Address (  Preferred mailing address):

Business Address (  Preferred mailing address):

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Tel No. ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Tel No. ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Mobile No: \_\_\_\_\_

#### 2. EDUCATIONAL/PROFESSIONAL QUALIFICATIONS (Use additional sheets if necessary)

Academic Level	Degree/Title Conferred	University/College/Address	Dates Attended:
Undergraduate			
Graduate – Masteral			
Graduate - Doctoral			

Professional Qualifications/Registration			
Date of Registration	Registration Body	Address of Registration Body	Professional Discipline

3. PICE MEMBER SINCE: \_\_\_\_\_ 3a. CHAPTER \_\_\_\_\_

#### 4. FIELD (s) OF PRACTICE (You have to satisfy the CPD requirements for each one to move to the next level)

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### 5. AWARDS/CITATION RECEIVED

Date Received	Name of Citation	Name/Address of Awarding Organization

(Submit Supporting Documents)

### 6. AFFILIATION IN BUSINESS/PROFESSIONAL/CIVIC ORGANIZATIONS

Inclusive Date	Name/Address of Organization	Positions Held

(Submit Supporting Documents)

APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### FORM 3:

#### PROFESSIONAL EXPERIENCE

(ATTACH ADDITIONAL SHEETS IF NECESSARY)

#### PROFESSIONAL EXPERIENCE SINCE REGISTRATION WITH THE PRC

Name of Company/Project Owner:						
Address of Company:						
Work No.	Starting Date	Ending Date	Project Name	Location	Nature of Work	Position Held
1						
2						
3						
4						
5						
Name of Company/Project Owner:						
Address of Company:						
Work No.	Starting Date	Ending Date	Project Name	Location	Nature of Work	Position Held
1						
2						
3						
4						
5						
Name of Company/Project Owner:						
Address of Company:						
Work No.	Starting Date	Ending Date	Project Name	Location	Nature of Work	Position Held
1						
2						
3						
4						
5						

#### Notes:

- Nature of Work – should include a description of engineering and or management activities which the applicant performed and/or which the applicant is directly responsible for
- Certificate of employment must accompany this form
- Attach Organization Chart

APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### FORM 4:

#### TWO (2) YEARS SIGNIFICANT ENGINEERING WORKS

**7. TWO (2) YEARS RESPONSIBLE CHARGE OF SIGNIFICANT ENGINEERING WORK. THE SIGNIFICANT WORKS MUST HAVE BEEN OBTAINED FROM THE LISTINGS IN FORM 3 (use separate sheets for each company)**

Name of Company/Project Owner: \_\_\_\_\_

Address of Company: \_\_\_\_\_

Work no.	Inclusive Dates Starting Month – Ending Month Month - year (Latest – Oldest)	Project (Title and Location)	Position /Title	Period (Month/Weeks)
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
<b>TOTAL YEARS/MONTHS</b>				

**Note: For each of Project indicated above you must answer the following questions in Form 4a.**

(THIS FORM IS GOOD ONLY FOR ONE OFFICE/COMPANY)

APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### FORM 4a:

**Instruction:** *In no less than 2000 words, write your two years significant engineering work of responsible charge in English and narrative form, clearly stating your role and responsibilities. Use the first person – I, Me, My, to show your personal contribution and should emphasize questions (a – e).*

**Project Title:**

**Project Background:**

a. Personal engineering and/or management contribution and responsibility.

b. Problem faced, before or during and/or after the project activity/ duration.

c. Solution/s formulated/ found and implemented.

d. Description of engineering judgement you made

e. Impact generated by the above solutions and judgement.

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APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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### FORM 5:

### CONTINUING PROFESSIONAL DEVELOPMENT

#### 8. CONTINUING PROFESSIONAL DEVELOPMENT

REF	DATE	TYPE	CPD Activity Title/Topic Description	Name & Address of Provider	Time (hours)		
					Actual	Weight Factor	Weighted hours
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

The CPD Programs must be aligned with your field of practice.

(USE ADDITIONAL SHEETS IF NECESSARY)

APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



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FORM 6:

# CODE OF ETHICS FOR CIVIL ENGINEERS

### Fundamental Principles

Civil engineers uphold and advance the integrity, honor and dignity of the civil engineering profession by:

1. using their knowledge and skill for the enhancement of human welfare and the environment;
2. being honest and impartial and serving with fidelity the public, their employers/employees and clients;
3. striving to increase the competence and prestige of the civil engineering profession; and
4. supporting the professional and technical societies of their disciplines.

### Fundamental Canons

1. Civil Engineers shall hold paramount the safety, health and welfare of the public and shall strive to comply with the principles of sustainable development in the performance of their duties.
2. Civil Engineers shall perform services only in areas of their competence.
3. Civil Engineers shall issue public statements only in an objective and truthful manner.
4. Civil Engineers shall act in professional matters for each employer or client as faithful agents or trustees, and shall avoid conflicts of interest.
5. Civil Engineers shall build their professional reputation on the merit of their services and shall not compete unfairly with others.
6. Civil Engineers shall act in such a manner as to uphold and enhance the honor, integrity, and dignity of the civil engineering profession.
7. Civil Engineers shall continue their professional development throughout their careers, and shall provide opportunities for the professional development of those civil engineers under their supervision.

I DECLARE TO OBEY AND BE BOUND BY THE ABOVE CODE OF ETHICS

\_\_\_\_\_  
SIGNATURE ABOVE PRINTED NAME/DATE

\_\_\_\_\_  
APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





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### FORM 7:

### APPLICANT'S DECLARATION

#### 9. APPLICANT'S DECLARATION

I certify under penalty of perjury and/or falsification of public documents that all the documents submitted in support of this application are true copies of the authentic original documents and that I am prepared to submit these original documents if and when required.

I hereby declare that all statements of facts in my Application are true and correct and I have made claims of acquired competencies in good faith. The report is my own work.

I confirm to have read, understood, and agree that I shall be bound by, the PICE Code of Ethics.

I understand that I have an obligation to inform PICE of any matter that may affect my fitness for admission to and continued inclusion in the registry of the field of practice that I have applied for.

In support of this application, I

- ◆ Shall always be a member in good standing of PICE, otherwise the entry to the next level, which is that of a specialist or expert level as the case may be, shall be affected in terms of the counting of the years of practice.
- ◆ I will maintain my continuing professional development (CPD) by involvement in activities related to my field of practice and at the prescribed satisfactory level;
- ◆ Consent to my business contact details being published in any form associated with my registration in compliance with the Data Privacy Act.

Signature: ..... Date: .....  
(Signature of Declarant)

#### ACKNOWLEDGEMENT

Republic of the Philippines )  
Province of ..... )  
City/Municipality of ..... )

**SUBSCRIBED AND SWORN** to before me this .....day of .....20... at .....affiant exhibited to me his/her PRC-Civil Engineering ID No. ....issued at ....., expiring on .....

**NOTARY PUBLIC**  
Until December 31, 20 \_\_\_\_

Doc. No.  
Page No.  
Book No.  
Series of 20 \_\_\_\_.

APPLICANT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_