



## CERTIFICATE OF STUDY

### PE RE-EXAMINATION

#### GENERAL INFORMATION

Provide the following information. (Check preferred address below.)

Candidate Name: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street or P.O. Box City, State Zip County

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street or P.O. Box City, State Zip County

Business Telephone: \_\_\_\_\_

Business Email: \_\_\_\_\_

#### LAWS & REGULATIONS

Code of Laws of South Carolina (1976, as amended, Title 40, Chapter 22)  
Section 40-22-230, Re-Examination  
Code of Regulations, Chapter 49, Regulation 49-104D, Re-Examination

The following applies to candidates seeking Re-Examination

- A candidate who has failed the same topical examination two times shall provide evidence satisfactory to the Board that the candidate has taken steps such as additional schooling, classes, seminars, or self-study to better prepare the candidate for a third examination on the same topical subject. The Board may refuse further examination unless a candidate failing the same topical examination twice has shown evidence satisfactory to the Board that measures have been taken to enhance the candidate’s chances of success.
- A new application is required of a candidate having failed the same topical examination three times for a new determination by the board as to whether the candidate has the necessary experience and other qualifications for admittance to further examinations. An application hearing **may** be required.

#### RE-EXAMINATION DISCIPLINE

Select the NCEES Exam Discipline for which you are requesting re-examination:

<input type="checkbox"/> Agricultural and Biological	<input type="checkbox"/> Architectural	<input type="checkbox"/> Chemical
<input type="checkbox"/> Civil: Construction	<input type="checkbox"/> Civil: Geotechnical	<input type="checkbox"/> Civil: Structural
<input type="checkbox"/> Civil: Transportation	<input type="checkbox"/> Civil: Water Resources & Environmental	<input type="checkbox"/> Control Systems
<input type="checkbox"/> Electrical & Computer: Computer Engineering	<input type="checkbox"/> Electrical & Computer: Electrical & Electronics	<input type="checkbox"/> Electrical: Power
<input type="checkbox"/> Environmental	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Industrial
<input type="checkbox"/> Mechanical: HVAC & Refrigeration	<input type="checkbox"/> Mechanical: Mechanical Systems & Materials	<input type="checkbox"/> Mechanical: Thermal and Fluids Systems
<input type="checkbox"/> Metallurgical and Materials	<input type="checkbox"/> Mining and Mineral Processing	<input type="checkbox"/> Naval Architecture and Marine Structural (16-hour)
<input type="checkbox"/> Nuclear	<input type="checkbox"/> Petroleum	<input type="checkbox"/> Vertical <input type="checkbox"/> Lateral

**NOTE: Candidates changing an exam discipline from the previous two examinations must complete a new Application for Licensure by Examination.**

**PREVIOUS EXAMINATION INFORMATION**

Provide the following information related to all previous examination attempts:

- List of all previous examination attempts including exam date, NCEES Exam Discipline, and the state or jurisdiction where the exam was attempted.
- Copies of NCEES Diagnostic Reports for previous exam attempts.

	Exam Date	NCEES Exam Discipline	State/Jurisdiction
1.			
2.			

**NOTE:** Candidates who fail the same topical examination three times will be required to submit a new Application for Licensure by Examination.

Please provide the date that your last exam results were received: \_\_\_\_\_

**PREPARATIONS COMPLETED SINCE LAST ATTEMPT**

Provide information related to **ALL** preparations that you have undertaken and **completed** since your last examination attempt to enhance your chances of success on a third attempt of an examination in the same discipline.

- *Please note that these preparations should be complete as of the date of this certificate of study.*
- *Preparation methods may vary depending on each candidate’s specific needs. The following sections are intended to distinguish between various potential preparation methods that may be used. Where the candidate has not used one of the preparation methods indicated below, the candidate should check the box indicating that this method was not undertaken as part of their preparations.*

<u>Additional College-Level Coursework</u>			<input type="checkbox"/> Not Undertaken
Course Number & Course Title	Knowledge Area Addressed	Institution	Dates of Attendance

*If needed, please continue on supplemental sheet.*

<u>Additional Short-Courses, Classes, Seminars, or PE Review Courses</u>			<input type="checkbox"/> Not Undertaken
Course Number & Course Title	Knowledge Area Addressed	Provider	Dates of Attendance

*If needed, please continue on supplemental sheet.*

<p><b><u>Additional Self-Study</u></b></p> <ul style="list-style-type: none"> <li>• Provide information regarding <b><u>ALL</u></b> self-study that you have accomplished since your last exam attempt. This information shall include a detailed description of the measures that have been taken to enhance your chances of success. Descriptions of self-study performed must be in sufficient detail to enable the reviewer to evaluate the candidate's preparations. Generic statements are not sufficient.</li> <li>• Identify all study guides, review books, textbooks, on-line tutorials, etc. that you have used in your preparations. Include the number of hours spent in each particular area requiring additional study.</li> <li>• Identify the number of additional problems worked in each knowledge area identified on the NCEES Diagnostic Report and the number of hours spent in each particular area requiring additional study.</li> <li>• Identify any specific differences in your study plan from prior examination attempts.</li> <li>• Include date(s) of <b><u>ALL</u></b> self-study completed since the last exam attempt.</li> </ul>	<input type="checkbox"/> Not Undertaken
	Dates of Completion

*If needed, please continue on supplemental sheet.*

**PREPARATIONS NOT YET COMPLETED SINCE LAST ATTEMPT**

Provide information related to ALL preparations that you are currently undertaking and will have completed prior to the next examination attempt that will enhance your chances of success on a third attempt of an examination in the same discipline.

- *Please note that preparations not yet completed do not satisfy the intent of the laws and regulations governing re-examination. The following information will be considered in conjunction with the information provided above on completed preparations to determine whether the candidate has demonstrated appropriate preparations have been undertaken for another attempt.*

<b><u>Additional College-Level Coursework</u></b>			<input type="checkbox"/> Not Yet Completed
• Provide a copy of registration receipt from academic institution (college or university) for each course.			
Course Number & Course Title	Knowledge Area Addressed	Institution	Anticipated Completion Date

*If needed, please continue on supplemental sheet.*

<b><u>Additional Short-Courses, Classes, Seminars, or PE Review Courses</u></b>			<input type="checkbox"/> Not Yet Completed
• Provide a copy of registration receipt and a copy of the course outline/syllabus for each course.			
Course Number & Course Title	Knowledge Area Addressed	Provider	Anticipated Completion Date

*If needed, please continue on supplemental sheet.*

<b><u>Additional Self-Study</u></b>		<input type="checkbox"/> Not Yet Completed
• Provide information regarding self-study that you intend to continue prior to your next exam attempt.		
		Anticipated Completion Date

*If needed, please continue on supplemental sheet.*

**CERTIFICATION**

The undersigned, in providing this Certificate of Study to the South Carolina Board of Registration for Professional Engineers and Surveyors, swears (or affirms) that since their last exam attempt has taken and completed preparations for another attempt on the same topical examination and that the answers and the information contained herein are true to the best of their knowledge and belief.

I acknowledge and agree that any separate statements or documentation, which I may sign or submit to the Board are hereby made a part of this Certificate of Study.

I acknowledge and agree that if I fail the same topical examination for a third time that I will need to submit a new Application for Licensure by Examination (including references and work experience verification), a new certificate of study, and that I may also be required to attend an application hearing before the Board for determination as to whether I have the necessary experience and other qualifications for admittance for another examination attempt.

\_\_\_\_\_  
Applicant Signature

Sworn and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public for

\_\_\_\_\_  
Commission Expiration Date

<b>Board Use Only</b>	
Re-Examination Authorized:	<input type="checkbox"/> Yes <input type="checkbox"/> No    Date: _____
Board Hearing Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No