

**NCSEA Continuing Education Review**  
**THE DIAMOND REVIEW PROGRAM**  
**Reviewer Application**

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

Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

**Education**

BS: Year \_\_\_\_\_ School \_\_\_\_\_

MS: Year \_\_\_\_\_ School \_\_\_\_\_

PhD/DEng: Year \_\_\_\_\_ School \_\_\_\_\_

Other: \_\_\_\_\_ Year \_\_\_\_\_ School \_\_\_\_\_

**Professional Licenses**

PE: State(s) \_\_\_\_\_

SE: State(s) \_\_\_\_\_

Identify licenses earned by examination.

**Fields of Work** Check only those boxes where you have substantial experience and knowledge

**Buildings**

- Commercial     Residential     Industrial     Process Industry (chemical, petroleum, power)  
 Institutional     Other \_\_\_\_\_

**Bridges**

- Highway     Rail     Pedestrian     Other \_\_\_\_\_

**Other Structures**

- Towers     Tanks     Other \_\_\_\_\_

**Services**

- Investigation     Analysis & Design     Code review     Construction administration  
 Other \_\_\_\_\_

Have you been employed by, or provided services to any product vendors in the past five years?

- No     Yes, Company Name: \_\_\_\_\_

Explain: \_\_\_\_\_

I have read the description and program administration of the NCSEA Diamond Review Program, and agree to abide by the NCSEA policies and procedures. I agree to disclose any potential conflicts of

interest prior to reviewing a program. I understand that objectiveness and fairness are most important in administering the Diamond Review Program, and I agree to uphold these principals in a professional manner.

I certify that all of the information submitted to NCSEA is true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this completed form to:

NCSEA  
645 North Michigan Avenue • Suite 540 • Chicago, IL 60611  
Telephone: (312) 649-4600 • Fax: (312) 649-5840