

Please use blue or black ink and print all information carefully in the boxes using CAPITAL LETTERS. You must complete all fields.

All information and documentation must be in English. Facsimile and scanned copies will not be accepted.

If you are a member of PMI you have an ID number. Your ID number is on the membership card you received in

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Business Address	_
City State/Province/Territory Zip/Postal Code	
Country	
Preferred E-mail: Personal Work	_
Preferred Phone: Home Business Mobile	
Country Code Area/State/City Code Phone Number Extension	
Preferred Fax: Home Business	
Country Code Area/State/City Code Fax Number	
Applicant's Primary Industry:	_
Aerospace Construction Finance Manufacturing	
Automotive Consulting Healthcare Pharmaceuticals	
Business Education Human Resources Telecommunications	
○ Communications ○ Engineering ○ Information Technology ○ Other:	
	_
EDUCATION ATTAINED (highest level attained at the time of this application)	_
	_
EDUCATION ATTAINED (highest level attained at the time of this application)	_
EDUCATION ATTAINED (highest level attained at the time of this application) High School Diploma / Global Equivalent Bachelor's Degree / Global Equivalent Doctoral / Global Equivalent Master's Degree / Global Equivalent	_
EDUCATION ATTAINED (highest level attained at the time of this application) High School Diploma / Global Equivalent Bachelor's Degree / Global Equivalent Doctoral / Global Equivalent	
EDUCATION ATTAINED (highest level attained at the time of this application) High School Diploma / Global Equivalent Bachelor's Degree / Global Equivalent Doctoral / Global Equivalent Associate's Degree / Global Equivalent Master's Degree / Global Equivalent Year diploma/degree was awarded Name of High School, College or University	
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EDUCATION ATTAINED (highest level attained at the time of this application) High School Diploma / Global Equivalent Bachelor's Degree / Global Equivalent Doctoral / Global Equivalent Associate's Degree / Global Equivalent Year diploma/degree was awarded Name of High School, College or University Address	
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Experience Verification Form - Part I

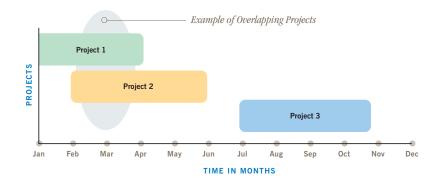
Use the Experience Verification Forms (Parts I, II, and III) to document at least 7,500 hours of experience leading and directing project tasks (4,500 hours if you hold a Bachelor's degree/global equivalent). Each field must be completed.

Number your projects and submit one set of Experience Verific	ation Forms per project. Please photocop	y these forms if you require additional space.
Project #		
Project Title	Start [Date (MM/YYYY) Completion Date (MM/YYYY
Project Role (check one box):	Primary Industry (check one box):	
Project Contributor Educator	Aerospace Education	on Manufacturing
Supervisor Consultant	Automotive Enginee	ring Pharmaceuticals
	Business Finance	 Telecommunications
Project Leader Other:	Communications Healthca	are Other:
Project Manager	○ Construction ○ Human	Resources
	Consulting Information	tion Technology
Your Job Title Organization	Name	
Organization Address		
Organization Address (continued)		
organization riddress (continuou)		
Organization Address (continued)		
City	State/Province/Territory	Zip/Postal Code
	State/Hovince/Territory	Zip/i ostai code
Country		
Country Code Avoc/State/City Code Blace Num	han Eutamaian	
Country Code Area/State/City Code Phone Num	ber Extension	
Please identify and provide current information for your prim	any contact on this twoicat so that DMI a	an nonify your tractoccion al orthonion of
		in verify your projessional experience.
First Name (given name)	ast Name (family name, surname)	
Contact Relationship	Cuparvisor	Client Primary Stakeholder
	Supervisor Project Manager	Client Primary Stakeholder
E-mail address		
Country Code Area/State/City Code Phone Numl	ber Extension	
Country Code Area/State/Oily Code Filone Numi	Jei Extension	



PMP Credential Application · Page 4 Experience Verification Form - Part I (continued)

EXAMPLE OF UNIQUE NON-OVERLAPPING MONTHS



Calculating professional project management experience:

Each month in which you worked on multiple, overlapping projects is to count as one month toward the total months of unique, non-overlapping professional project management experience.

In this example, the project manager worked on Project 1 and Project 2 simultaneously February—April. The time spent on both projects counts as three, not six, months toward the total to fulfill the professional project management experience requirement.

Experience Verification Form - Part II

For each project, please list the number of hours you have spent leading and directing the tasks noted in the five process groups. Next, add the total hours per process and record that number in the boxes to the right of each section. Remember to record the project number that corresponds with the project documented in Part I of the Experience Verification Form.

Project #	
INITIATING	PROCESS
	Conduct project selection methods to evaluate the feasibility of new products or services
	Identify key stakeholders and perform analysis to gain buy-in and requirements for the success of the project.
	Define the scope of the project based on the organization's need to meet the customer project expectations.
	Develop the project charter and review it with key stakeholders to confirm project scope, risks, issues, assumptions and constraints as well as obtain project charter approval from the project sponsor.
	Identify and document high level risks, assumptions and constraints using historical data and expert judgment.
PLANNING	PROCESS
	Identify key project team members and define roles and responsibilities to create a project organization structure to develop a communication plan.
	Create the work breakdown structure with the team to develop the cost, schedule, resource, quality and procurement plans.
	Identify project risks to define risk strategies and develop the risk management plan.
	Obtain project plan approval from the customer and conduct a kick off meeting with all key stakeholders.
	Define and record detail project requirements, constraints and assumptions with the stakeholders to establish the project deliverables.
	Develop the change management plan to define how changes will be handled to manage the triple constraints.
EXECUTING	PROCESS
	Manage proactively the resource allocation by ensuring that appropriate resources and tools are assigned to the tasks according to the project plan.
	Execute the tasks defined in the project plan in order to achieve the project goals.
	Ensure a common understanding and set expectations through communication to align the stakeholders and team members.
	Improve team performance by building team cohesiveness, leading, mentoring, training, and motivating in order to facilitate cooperation, ensure project efficiency and boost morale.
	Implement a quality management plan to ensure that work is being performed according to required quality standards.



PMP Credential Application · Page 5 Experience Verification Form - Part II (continued)

	Implement approved changes according to the Change Management Plan.		
	Obtain project resources in accordance with a procurement plan.		
	Implement the approved actions and workarounds required to minimize the impact of project risks.		TOTAL HRS.
MONITORI	NG AND CONTROLLING PROCESS		
	Measure project performance using appropriate tools and techniques.		
	Verify and manage changes to the project scope, project schedule and project costs as defined in the change management plan.		
	Monitor the status of all identified risks, identify any new risks, take corrective actions and update the risk response plan.		
	Ensure the project deliverables conform to quality standards established in the project quality plan.		TOTAL HRS.
CLOSING I	PROCESS		
	Formalize and obtain final acceptance for the project.		
	Identify, document and communicate lessons learned.		
	Archive and retain project records, historical information and documents (e.g., project schedule, project plan, lessons learned, sur issues logs, etc.) in order to retain organizational knowledge, comply with statutory requirements, and ensure availability of data future projects and internal/external audits.	veys, risk and or potential use in	
	Obtain financial, legal and administrative project closure (e.g., final payments, warranties, contract signoff).		
	Release all project resources and provide performance feedback.		
	Create and distribute final project report.		
	Measure customer satisfaction at the end of the project.		TOTAL HRS.

TOTAL HOURS ON PROJECT



In the space provided below, please summarize the project tasks that you led and directed on this project. Candidates are **required** to use this form to summarize deliverables. Attachments (e.g., scope of work documents) will not be accepted. Remember to record the project number that corresponds with the project documented in Parts I and II of the Experience Verification Forms.

Project #
nitiating
Planning
executing
Monitoring and Controlling
Closing



Project Management Education Form

Please photocopy this form if you require additional space.

Please document 35 contact hours of project management education/training. One contact hour is equal to one hour of participation in an educational activity. These hours must be related to project management and can include content on project quality, scope, time, cost, human resources, communications, risk, procurement, or integration management. Courses, workshops and training sessions offered by one or more of the following education providers apply.

- A. PMI Registered Education Providers (R.E.P.s)*
- B. Courses or programs offered by PMI Component organizations*
- C. Employer/company-sponsored programs
- D. Training companies or consultants
- E. Distance-learning companies, including an end of course assessment
- F. University/college academic and continuing education programs

The following education does not satisfy the education requirements:

- PMI chapter meetings
- Self-study (e.g., reading books)

*Courses offered by PMI R.E.P.s, PMI Components (chapters, specific interest groups, colleges), or PMI, are preapproved for contact hours in fulfillment of eligibility requirements.

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Con	tac	t H	ou	rs	Ear	nec	b																																	



Please include me in: Communications	from PMI regarding its products,	events and service		Mailing Lists Ma rom organizations	
Optional Information					
The following questions are optional, and yo	u may choose not to answer them.				
Reason you are applying for this credenti	al:				
Employer Required Empl	oyer Suggested Personal [Development			
Have you taken a certification preparatio Yes No	n course presented by a PMI Ch.	apter?			
Special Accommodations for the	Examination				
	ecial needs which may impa orm. The completed form an credential application.				-
Language Aid					
All PMI credential examinations are aid. If you would like a language aid			an be provided	with an accom	panying language
○ Arabic ○ Chinese (Simplified)	Chinese (Traditional)	French	○ German	○ Hebrew	○ Italian
◯ Japanese ◯ Korean	O Portuguese (Brazilian)	Russian	Spanish	Turkish	
I have read and understand all the	pe policies and procedures in	the Credential	Handbook.		
O I have read and accept the terms PMI Certification Application/Ren	_	d in the PMI Co	de of Ethics and	Professional C	onduct and in the
I declare that all the information misrepresentations or incorrect revocation of my eligibility or creation.	information provided to PM	0 0 11			
Signature					Date

 ${\it Credential\ application\ continues\ to\ the\ next\ page.\ Payment\ of\ the\ credential\ fee\ is\ expected\ to\ be\ received\ with\ the\ paper\ application.}$



PMP Credential Application · Page 9 Credential Payment Form

Applicants are encouraged to apply using the online certification system, but may elect to pay the credential fees under separate cover. Use this payment form to submit your credential fees by postal mail.

PMI Member ID# If you are a member of PMI you have an ID number. Your ID number is on the membership card you received in your welcome kit when you joined. If you've lost your PMI member ID number you may contact PMI Customer Care at +1-610-356-4600, or send e-mail to customercare@pmi.org. Prefix (MR., MRS., MS., DR.) First Name (given name) Last Name (family name, surname). Candidates with only a single name should use last name field. Suffix Payment Information Check Master Card Visa Bank Transfer American Express Diners Club Discover Credit Exp
Care at +1-610-356-4600, or send e-mail to customercare@pmi.org. Prefix (MR., MRS., MS., DR.) First Name (given name) Middle Name Last Name (family name, surname). Candidates with only a single name should use last name field. Suffix Payment Information Check Master Card Visa Bank Transfer American Express Diners Club Discover
Last Name (family name, surname). Candidates with only a single name should use last name field. Suffix Payment Information Check Master Card Visa Bank Transfer American Express Diners Club Discover
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Payment Information Check Master Card Visa Bank Transfer American Express Diners Club Discover
○ Check ○ Master Card ○ Visa ○ Bank Transfer ○ American Express ○ Diners Club ○ Discover
○ Check ○ Master Card ○ Visa ○ Bank Transfer ○ American Express ○ Diners Club ○ Discover
○ Check ○ Master Card ○ Visa ○ Bank Transfer ○ American Express ○ Diners Club ○ Discover
○ Check ○ Master Card ○ Visa ○ Bank Transfer ○ American Express ○ Diners Club ○ Discover
Card #
Signature
Examination Fees Fees subject to change without notice.
After determining your membership status and your examination administration type please place an 'X' next to the appropriate option below and note the
associated fee in the box marked 'TOTAL'.
If you are applying to take a paper-based examination please indicate your preferred test site, group testing number and date. This information can be
located at www.prometric.com/pmi.
Examination Administration Type US Dollars Euros
Computer-Based Testing – member* $$405 \in 340$
Computer-Based Testing – nonmember $$555$ ≤ 465
Examination Administration Type US Dollars Euros Site Group Testing No. Date (MM/DD/YY)
Paper-Based Testing – member* \$250 € 205
Paper-Based Testing – nonmember \$400 € 335
Paper-Based Testing – nonmember \$400 € 335
Paper-Based Testing – nonmember \$400 € 335 Calculate and add Canadian resident tax (if applicable)

** CANADIAN TAX INFORMATION

Canadian billing addresses: In accordance with Canadian tax law, taxes are collected on all certification-related products. The rate of tax varies depending on the province billing address you use. Tax calculations by province are 13% for New Brunswick, Newfoundland/Labrador and Nova Scotia; 12.88% for Quebec, and 5% for all remaining provinces. Online applications will automatically calculate tax. Downloaded applications will require insertion of applicable tax. Please note that if your employer is paying for this purchase and has been granted tax-exempt status by the appropriate Canadian authorities, you will not be able to use online processing. You will need to mail your application and mail or fax a tax-exempt document meeting the specifications of the Canadian government to the PMI Global Operations Center (fax: +1 610-771-4085)

GST/HST registration: 897944807RT0001; QST registration: 1202723001TQ0001

^{*}The member rate will only apply to candidates who are members of PMI in good standing at the time your application is approved. If PMI membership is obtained after this application has been submitted, PMI will not refund the difference. Candidates interested in becoming members of PMI at the time of application for the credential can submit their PMI membership application and credential application at the same time and receive the member rate. To download a copy of the PMI membership application, please visit the membership area of the PMI website.



Signature

PMI Credential Examination Special Accommodations Form

The PMI Certification Department complies with the Americans with Disabilities Act of 1990. To ensure equal opportunities for all qualified persons, the Certification Department will make reasonable accommodations for candidates when appropriate. If you require special accommodations related to a disability in order to take the examination, you must complete this form and submit it with your examination application (you can request special accommodations through the online certification system when you apply online).

Please use blue or black ink and print all information carefully in the boxes using CAPITAL LETTERS. Please complete this form in its entirety. PMI Member ID# Prefix (MR., MRS., MS., DR.) First Name (given name) Middle Name Last Name (family name, surname). Suffix E-mail Address Which credential examination are you planning to take at this time? \Box CAPM \Box PMP \Box PMP \Box PMI-RMP \Box PMI-SP Have you previously taken this examination? \square Yes \square No Please identify the disability that substantially limits one or more of your sensory, manual, or speaking skills (e.g., disability that significantly impairs your ability to arrive at, read, or otherwise complete, the examination): Please list the special testing accommodation requested. Use a separate sheet if more space is needed. NOTE: You must provide PMI's Certification Department with written documentation from an appropriate health care professional supporting the need for the accommodation that you are requesting. This documentation must include a diagnosis of your health condition and a specific recommendation for the type of special testing accommodations you will require. This completed form and supporting medical documentation must be submitted to PMI along with your completed credential application. Failure to include supporting medical documentation will cause a delay in processing your application. PMI will not pay any costs you may incur in obtaining this information.

Date



PMI Credential Reexamination Form

Please use blue or black ink and print all information carefully in the boxes using CAPITAL LETTERS. Please print clearly and legibly:

In order to schedule to retake a PMI credential examination, you must complete and submit this form by mail or fax to PMI Global Operations Center, Attn. Certification Department. The reexamination rate is only valid within your one-year eligibility period. Before applying for reexamination, please review PMI's reexamination policy located in the credential handbook.

PMI Member ID# Please print your name as it appears on your government issued identification, that you will present at the testing center. Middle Name Prefix (MR., MRS., MS., DR.) First Name (given name) Last Name (family name, surname) Suffix Address City Postal Code State/Province/Territory Country E-mail Address Country Code Area/State/City Code Phone Number Extension **Payment Information** Credit Ехр Card # Date Signature Date Reexamination Fees: (Payable in U.S. Dollars and Euros only) After determining your PMI membership status and your examination administration type, please place an 'X' next to the appropriate option and note the associated fee in the box marked 'TOTAL' for the PMI examination you plan to retake (CAPM, PMP, PgMP, PMI-RMP and PMI-SP). PMI uses computer-based testing (CBT) as the standard method of administration for its credential examinations. Candidates who live within 186.5 miles/ 300km of a Prometric CBT site, must take a CBT examination. If you are applying to take a paper-based examination please indicate your preferred test site, group testing number and date. You can find this information

Refund Policy for CAPM and PMP

online at www.prometric.com/pmi.

A refund can be obtained by submitting a written request to PMI one month before the eligibility expiration date. No refunds will be considered for candidates who have taken the examination or have not provided the necessary cancellation/rescheduling notification to Prometric. PMI retains a US\$100 processing fee.

Refund Policy for PMI-RMP and PMI-SP

To obtain a refund for the PMI-SP credential, you must submit a written request to PMI at least one month before the examination eligibility expiration date. A refund of US\$250 will be made if you have not yet taken the examination.

Refund Policy for PgMP

A candidate who is required to retake the multiple-choice examination or the Multi-rater Assessment, but does not complete one step or the other, may request a refund. The candidate must submit a written request to PMI one month prior to the eligibility expiration date of the specific competence evaluation to receive a refund of US\$350.



CAPM Reexamination Administration Fees	US Dollars	Euros				
Computer-Based Testing – member*	\$150	€ 125]			
Computer-Based Testing – nonmember	\$200	€ 170]			
CAPM Reexamination Administration Fees	US Dollars	Euros	Site		Group Testing No.	Date (MM/DD/YY)
Paper-Based Testing – member*	\$150	€ 125				
Paper-Based Testing – nonmember	\$200	€ 170				
** Calculate and add Canadian resident tax (if applica	able)			TOTAL		
PMP Reexamination Administration Fees	US Dollars	s Euros				
Computer-Based Testing – member*	\$275	€ 230				
Computer-Based Testing – nonmember	\$375	€ 315				
PMP Reexamination Administration Fees	US Dollars	s Euros	_ Site		Group Testing No.	Date (MM/DD/YY)
Paper-Based Testing – member*	\$150	€ 125				
Paper-Based Testing – nonmember	\$300	€ 250				
** Calculate and add Canadian resident tax (if applica	able)			TOTAL		
PgMP Reexamination Administration Fees	US Dollars	s Euros				
Computer-Based Testing – member*	\$500	€ 420				
Computer-Based Testing – nonmember	\$600	€ 500	_			
PgMP Reexamination Administration Fees	US Dollars	s Euros	Site		Group Testing No.	Date (MM/DD/YY)
Paper-Based Testing – member*	\$400	€ 335	0.10		Group resting res	
Paper-Based Testing – nonmember	\$500	€ 420				
** Calculate and add Canadian resident tax (if applica				TOTAL		
PMI–SP Reexamination Administration Fees	US Dollars		7			
Computer-Based Testing – member*	\$335	€ 280				
Computer-Based Testing – nonmember	\$435	€ 365				
PMI-SP Reexamination Administration Fees	US Dollars		Site		Group Testing No.	Date (MM/DD/YY)
Paper-Based Testing – member*	\$270	€ 225				
Paper-Based Testing – nonmember	\$370	€ 310				
** Calculate and add Canadian resident tax (if applica	able)			TOTAL		
PMI–RMP Reexamination Administration Fees	US Dollars	s Euros				
Computer-Based Testing – member*	\$335	€ 280				
Computer-Based Testing – nonmember	\$435	€ 365				
PMI–RMP Reexamination Administration Fees	US Dollars	s Euros	_ Site		Group Testing No.	Date (MM/DD/YY)
Paper-Based Testing – member*	\$270	€ 225				
Paper-Based Testing – nonmember	\$370	€ 310				
** Calculate and add Canadian resident tax (if applica	able)			TOTAL		



PMI Credential Reexamination Form (continued)

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GST/HST registration: 897944807RT0001; QST registration: 1202723001TQ0001

Special Accommodations for Examination

Candidates may request modification to the examination administration procedure due to disability, handicap, or other condition which may impair the ability of the candidate to take the exam. To request special testing accommodation, candidates must indicate their need on this form by checking the appropriate box below.

on this form by thething t	ine appropriate ooi	t betow.
I am requesting the	same special accomm	nodation(s) that was approved for my previous examination.
	cial accommodation(s e Special Accommoda	s) for the first time. ations form separately and submit it to PMI with your reexamination form)
Language Aid for Exa	mination	
accompanying language a	aid. The PgMP, PMI	stered in English, but assistance for the CAPM and PMP can be provided with an -SP and PMI-RMP examinations currently are only available in English. If you would like a ion, please indicate your choice below.
○ Arabic	○ Hebrew	O Portuguese (Brazilian)
Chinese (Simplified)	Italian	Russian
Chinese (Traditional)	Japanese	○ Spanish
French	Korean	○ Turkish
German		