



PMI-RMP Credential Application · Page 1

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.

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 customer-care@pmi.org.

Instructions:

In this section you are being asked to PRINT your name for three separate purposes. It is very important that you complete this section carefully.

Section 1. Please print your name as you wish to be referred to in correspondence from PMI.

Section 2. Please print your name as it appears on your government-issued identification that you will present at the testing center.

Section 3. Please print your name as you wish it to appear on your PMI-RMP certificate.

Section 1. Name for correspondence from PMI:

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

Section 2. Name on government-issued identification: Check here if same as above.

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

Section 3. Name for your PMI-RMP certificate: Check here if same as above.

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

Contact information:

Preferred Mailing Address:

Home

Business

Billing Address*:

Home

Business

*If paying by credit card, your billing address must match the address on your credit card statement.

Home Address

City

State/Province/Territory

Zip/Postal Code

Business Name



Contact information (continued):

Business Address

Grid for Business Address

City

Grid for City

State/Province/Territory

Grid for State/Province/Territory

Zip/Postal Code

Grid for Zip/Postal Code

Country

Grid for Country

Preferred E-mail: Personal Work

Grid for Preferred E-mail

Preferred Phone: Home Business Mobile

Country Code

Grid for Country Code

Area/State/City Code

Grid for Area/State/City Code

Phone Number

Grid for Phone Number

Extension

Grid for Extension

Preferred Fax: Home Business

Country Code

Grid for Country Code

Area/State/City Code

Grid for Area/State/City Code

Fax Number

Grid for Fax Number

Applicant's Primary Industry:

- Radio buttons for industry categories: Aerospace, Automotive, Business, Communications, Construction, Consulting, Education, Engineering, Finance, Healthcare, Human Resources, Information Technology, Manufacturing, Pharmaceuticals, Telecommunications, Other.

EDUCATION ATTAINED (highest level attained at the time of this application)

- Radio buttons for education levels: High School Diploma / Global Equivalent, Associate's Degree / Global Equivalent, Bachelor's Degree / Global Equivalent, Master's Degree / Global Equivalent, Doctoral / Global Equivalent.

Year diploma/degree was awarded

Grid for Year diploma/degree was awarded

Name of High School, College or University

Grid for Name of High School, College or University

Address

Grid for Address

City

Grid for City

State/Province/Territory

Grid for State/Province/Territory

Zip/Postal Code

Grid for Zip/Postal Code

Country

Grid for Country

Field of Study:

- Radio buttons for field of study categories: Computer Science, Science, Education, Mathematics, Engineering, Economics, Finance, Communications, Liberal Arts, Other, Marketing.



For each project, please list the number of hours you have spent in the specified area of project risk management noted in the four domains. 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 #

RISK COMMUNICATION

TOTAL HRS.

RISK ANALYSIS

TOTAL HRS.

RISK RESPONSE PLANNING

TOTAL HRS.

RISK GOVERNANCE

TOTAL HRS.

TOTAL HOURS ON PROJECT



*In the space provided below, please summarize the project risk management tasks that you performed 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 #

Risk Communication

Risk Analysis

Risk Response Planning

Risk Governance



Please include me in: Communications from PMI regarding its products, events and services Third Party Mailing Lists Mailings
Mailings from organizations other than PMI


Optional Information

The following questions are optional, and you may choose not to answer them.

Reason you are applying for this credential:

- Employer Required Employer Suggested Personal Development

Special Accommodations for the Examination

 *Check here if you have special needs which may impair your ability to take the examination. Please complete the Special Accommodations Form. The completed form and supporting medical documentation must be returned to PMI along with your completed credential application.*

I have read and understand all the policies and procedures in the Credential Handbook.

I have read and accept the terms and responsibilities outlined in the PMI Code of Ethics and Professional Conduct and in the PMI Certification Application/Renewal Agreement.

I declare that all the information I have provided on all pages of this application is true and accurate. I understand that misrepresentations or incorrect information provided to PMI can result in disciplinary action(s), including suspension or revocation of my eligibility or credential.

Signature

Date

Credential application continues to the next page. Payment of the credential fee is expected to be received with the paper application.

PMI Reexamination Form (continued)



CAPM Reexamination Administration Fees US Dollars Euros

Computer-Based Testing – member*	\$150	€ 125	Site	Group Testing No.	Date (MM/DD/YY)
Computer-Based Testing – nonmember	\$200	€ 170			
Paper-Based Testing – member*	\$150	€ 125			
Paper-Based Testing – nonmember	\$200	€ 170			

** Calculate and add Canadian resident tax (if applicable) TOTAL

PMP Reexamination Administration Fees US Dollars Euros

Computer-Based Testing – member*	\$275	€ 230	Site	Group Testing No.	Date (MM/DD/YY)
Computer-Based Testing – nonmember	\$375	€ 315			
Paper-Based Testing – member*	\$150	€ 125			
Paper-Based Testing – nonmember	\$300	€ 250			

** Calculate and add Canadian resident tax (if applicable) TOTAL

PgMP Reexamination Administration Fees US Dollars Euros

Computer-Based Testing – member*	\$500	€ 420	Site	Group Testing No.	Date (MM/DD/YY)
Computer-Based Testing – nonmember	\$600	€ 500			
Paper-Based Testing – member*	\$400	€ 335			
Paper-Based Testing – nonmember	\$500	€ 420			

** Calculate and add Canadian resident tax (if applicable) TOTAL

PMI-SP Reexamination Administration Fees US Dollars Euros

Computer-Based Testing – member*	\$335	€ 280	Site	Group Testing No.	Date (MM/DD/YY)
Computer-Based Testing – nonmember	\$435	€ 365			
Paper-Based Testing – member*	\$270	€ 225			
Paper-Based Testing – nonmember	\$370	€ 310			

** Calculate and add Canadian resident tax (if applicable) TOTAL

PMI-RMP Reexamination Administration Fees US Dollars Euros

Computer-Based Testing – member*	\$335	€ 280	Site	Group Testing No.	Date (MM/DD/YY)
Computer-Based Testing – nonmember	\$435	€ 365			
Paper-Based Testing – member*	\$270	€ 225			
Paper-Based Testing – nonmember	\$370	€ 310			

** Calculate and add Canadian resident tax (if applicable) TOTAL

PMI-ACP Reexamination Administration Fees US Dollars Euros

Computer-Based Testing – member*	\$335	€ 280	Site	Group Testing No.	Date (MM/DD/YY)
Computer-Based Testing – nonmember	\$395	€ 330			
Paper-Based Testing – member*	\$285	€ 240			
Paper-Based Testing – nonmember	\$345	€ 290			

** Calculate and add Canadian resident tax (if applicable) TOTAL

* 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 can submit their PMI membership application and the 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.

** 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 15% for Nova Scotia, 13% for New Brunswick, Newfoundland/Labrador and Ontario; 13.88% for Quebec, 12% for British Columbia 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: 1202723001TQ000

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.

- I am requesting the same special accommodation(s) that was approved for my previous examination.
- I am requesting special accommodation(s) for the first time.
(Please complete the Special Accommodations form separately and submit it to PMI with your reexamination form)

LANGUAGE AID FOR EXAMINATION

All PMI examinations are administered in English, but assistance for the CAPM and PMP can be provided with an accompanying language aid. If you would like a language aid for the CAPM or PMP examination, please indicate your choice below.

- | | |
|---|--|
| <input type="radio"/> Arabic | <input type="radio"/> Japanese |
| <input type="radio"/> Chinese (Simplified) | <input type="radio"/> Korean |
| <input type="radio"/> Chinese (Traditional) | <input type="radio"/> Portuguese (Brazilian) |
| <input type="radio"/> French | <input type="radio"/> Russian |
| <input type="radio"/> German | <input type="radio"/> Spanish |
| <input type="radio"/> Hebrew | <input type="radio"/> Turkish |
| <input type="radio"/> Italian | |