



PMP 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.

For PgMP credential holders:

If you hold the PgMP, you can maintain both credentials by accruing and reporting 60 Professional Development Units (PDUs) within your three-year cycle. Select one of the following options if you hold the PgMP.

- Option A** – PMP credential and PgMP credential will share PDUs going forward. Any PDUs earned for the PgMP prior to obtaining the PMP will be forfeited. The PgMP renewal date will be set equal to the newly-acquired PMP renewal cycle.
- Option B** – PMP credential and PgMP credential will share PDUs including those earned for the PgMP before obtaining the PMP and any PDUs earned after receiving the PMP. The PMP renewal date will be set equal to the existing PgMP renewal date. Therefore, renewal of the PMP credential will need to occur with the renewal of the PgMP credential.

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 PMP 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 PMP 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:

- 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)

- High School Diploma / Global Equivalent, Associate's Degree / Global Equivalent, Bachelor's Degree / Global Equivalent, Master's Degree / Global Equivalent, Doctoral / Global Equivalent

Did you graduate from a GAC Accredited University? Yes No, I attended another university

Name of School

[Grid for Name of School]

Year diploma/degree was awarded

[Grid for Year diploma/degree was awarded]

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

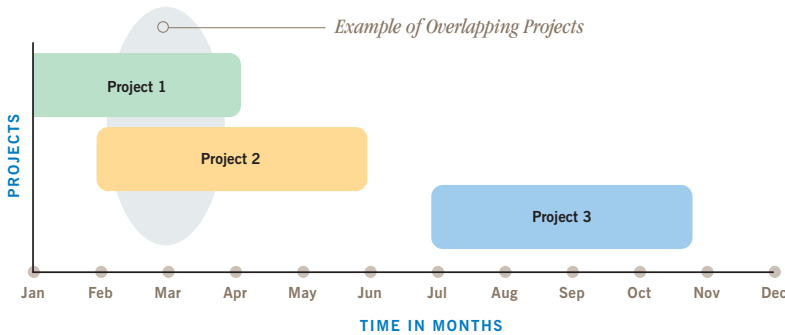
[Grid for Country]

Field of Study:

- Computer Science, Science, Education, Mathematics, Engineering, Economics, Finance, Communications, Liberal Arts, Other: _____, Marketing



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 by each of the five Process Groups, the number of hours you have spent leading and directing projects. This will count toward the hours of experience needed for the eligibility requirement. Remember to record the project number that corresponds with the project documented in Part 1 of the Experience Verification Form.

Project #

INITIATING THE PROJECT

Defining the project scope and obtaining approval from stakeholders. For example: Perform project assessment; define the high-level scope of the project; perform key stakeholder analysis; identify and document high-level risks, assumptions, and constraints; develop and obtain approval for the project charter.

TOTAL HRS.

PLANNING THE PROJECT

Preparing the project plan and developing the work breakdown structure (WBS). For example: Assess detailed project requirements, constraints, and assumptions with stakeholders; create the work breakdown structure; develop a project schedule; develop budget, human resource management, communication, procurement, quality management, change management, and risk management plans; present the project plan to the key stakeholders; conduct a kick-off meeting.

TOTAL HRS.

EXECUTING THE PROJECT

Performing the work necessary to achieve the stated objectives of the project. For example: Obtain and manage project resources; execute the tasks as defined in the project plan; implement the quality management plan; implement approved changes according to the change management plan; implement approved actions by following the risk management plan; maximize team performance.

TOTAL HRS.



MONITORING AND CONTROLLING THE PROJECT

Monitoring project progress, managing change and risk, and communicating project status. For example: Measure project performance using appropriate tools and techniques; manage changes to the project scope, schedule, and costs; ensure that project deliverables conform to the quality standards; update the risk register and risk response plan; assess corrective actions on the issue register; communicate project status to stakeholders.

TOTAL HRS.

CLOSING THE PROJECT

Finalizing all project activities, archiving documents, obtaining acceptance for deliverables, and communicating project closure. For example: Obtain final acceptance of the project deliverables; transfer the ownership of deliverables; obtain financial, legal, and administrative closure; distribute the final project report; collate lessons learned; archive project documents and materials; measure customer satisfaction.

TOTAL HRS.

TOTAL HOURS ON PROJECT



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Experience Verification Form - Part III

*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 #

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Initiating

Planning

Executing

Monitoring and Controlling

Closing



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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

Have you taken a certification preparation course presented by a PMI Chapter?

- Yes No

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.*

Language Aid

All PMI credential examinations are administered in English, but assistance can be provided with an accompanying language aid. If you would like a language aid, please indicate your choice below.

- Arabic Chinese (Simplified) Chinese (Traditional) French German Hebrew Italian
 Japanese Korean Portuguese (Brazilian) Russian Spanish Turkish

-
- 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.



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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#

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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

Credit Card #

Exp Date /

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	€ 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			

** 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 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.

** 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; 14.975% 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: 1202723001TQ0001

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.

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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 | |