

ACTIVITY INFORMATION – Category 3

Section 3

*Provider Name

*Provider Number

*Activity Name

*Activity Number

*Start Date (MM/DD/YY)

*This activity met all stated objectives:

*Satisfaction with this provider:

Strongly agree

Excellent

Agree

Very good

*Completion Date (MM/DD/YY)

Somewhat agree

Good

Somewhat disagree

Fair

Strongly disagree

Poor

If you report an activity in Category 3, also complete Section 6 before you submit this form.

ACTIVITY INFORMATION – For all Non-Category 3 Activities

Section 4

Enter the **Activity Title/Description** in the appropriate field below. Use the guidelines to help you.

Categories 1 and 4: enter activity title/description
 Categories 2A and 2B: enter title of article
 Categories 2C, 2D and 2E: enter name of course or chapter meeting
 Category 2F: enter title of book with ISBN number

Category 2G: enter name of course developed (course title)
 Category 2H: enter position title
 Category 2SDL: enter name of activity
 Category 5: enter position/activity

*Activity Title / Description

*Start Date (MM/DD/YY)

*Completion Date (MM/DD/YY)

*Time Completed (for 2C only)

Activity Contact Information

Enter the Activity Provider Name in the appropriate field below. Use the guidelines to help you.

Categories 1 and 4: enter provider name
 Categories 2A, 2B, and 2F: enter name of publisher
 Categories 2C, 2D and 2E: enter name of school / chapter / business
 Category 2G: enter name of provider teaching course

Category 2H: enter name of organization you worked for
 Category 2SDL: enter name of publisher of material resources or human resources used
 Category 5: enter name of organization where you volunteered

*Provider Name

*Address

*City

*State/Province

*Zip/Postal Code

*Country

Phone Number

Country Code

Area/State/City Code

Phone Number

Extension

URL (web address)

Provider's E-mail Address

If you report an activity in Category 2SDL, complete Sections 4, 5, and 6 before you submit this form.
 If you report an activity in any other category, complete Sections 4 and 6 before you submit this form.

ACTIVITY INFORMATION – Category 2SDL

Section 5

List one or more learning objectives for this activity, explaining how the activity enhanced your project management skills. Please include the human and/or material resources used to accomplish the purposes of your activity and the hours involved with them specific to the learning task.

*Learning Objectives	±Hours
*Resources	

±Hours entered must be greater than or equal to the amount of PDUs claimed.
NOTE: Please report only one self-directed learning activity per reporting form.

Report Example

Learning Objectives	Hours
At the study group session, participants will be able to systematically calculate risk in projects and develop contingency plans.	
Resources	
Discussion with John Smith and Mary Jones during PMP Credential Study Group	3

If you report an activity in Category 2SDL, also complete Section 6 before you submit this form.

Complete this section for ALL CATEGORIES

Section 6

*Which process group does this activity (course/event) primarily address? (Select all that apply)

- Initiating
 Planning
 Executing
 Monitoring and Controlling
 Closing
 All

*Which knowledge areas does this activity (course/event) primarily address? (Select all that apply)

- Communication Management
 Integration Management
 Risk Management
 All
 Cost Management
 Procurement Management
 Scope Management
 Human Resource Management
 Quality Management
 Time Management

*Which industry areas does this activity (course/event) primarily address? (Select all that apply)

- Aerospace & Defense
 Environmental Management
 Marketing & Sales
 Retail
 Automation Systems
 Financial Services
 Metrics
 Risk Management
 Communication
 Government
 New Product Development
 Scheduling
 Consulting
 Healthcare
 Oil, Gas & Petrochemical
 Service & Outsourcing
 Design-Procurement-Construction
 Human Resources
 Performance Management
 Students of PM
 Diversity
 International Development
 Pharmaceutical
 Troubled Projects
 E-business
 Information Systems
 Project Management Office
 Utility Industry
 Education & Training
 IT & Telecomm
 Quality in PM
 Women in PM
 Manufacturing
 Other:

*PDU Quantity per Credential

PMP / PgMP

PMI-SP

PMI-RMP

*By submitting this claim, I attest that the information I have provided is correct. I understand that any misrepresentation or incorrect information provided may result in disciplinary action, including suspension or revocation of my PMI certification.

*Signature

(Electronic signature acceptable)
 (format of electronic signature: //First Name Last Name//)

*Date: dd/month/yyyy