

ACTIVITY INFORMATION – Category A Section 3 (for Category A activities only)

*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 A, also complete Section 5 before you submit this form.

ACTIVITY INFORMATION – For all Non-Category A Activities Section 4

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

Category B: enter activity title/description

Category C: enter name of activity

Category D: enter title of article / course / webinar / etc.

Category E: enter activity and/or position

Category F: enter job / position title

*Activity Title / Description

*Start Date (MM/DD/YY)

*Completion Date (MM/DD/YY)

*Hours Completed

Activity Contact Information

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

Category B: enter organization that conducted training/education

Category C: enter name of organization or individual that provided resources

Category D: enter name of organization where the material was published or presented

Category E: enter name of organization where you volunteered

Category F: enter name of the organization you worked for

*Organization 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

ACTIVITY INFORMATION – Complete this Section for ALL Categories

Section 5

*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)

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