PDU Activity Reporting Form

You can report your PDU activities online at https://ccrs.pmi.org to expedite processing.

To complete this form you must complete all fields:
You can save the form to your desktop, type in your information, and submit it by email at **certccr@pmi.org** **OR** Print the form. Please use blue or black ink and print all information carefully using CAPITAL LETTERS. Submit it by postal mail or fax: Project Management Institute, Attn.: CCR Records Office, 14 Campus Blvd., Newtown Square, PA 19073-3299 USA. Fax: +1 484 631 1332

*** Indicates that information is required. All information and documentation must be written in English.**

1. CONTACT INFORMATION

*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):	Middle Name:
*Last Name (family name, surname). Candidates with only a single name should use last name field:		Suffix:
*Address:	*City:	*State/Province/Territory:
	*Country:	*Zip/Postal Code:
*Preferred Email:	*Preferred Phone Number:	Extension:

2. PDU INFORMATION

If you report an activity in Category A, complete Sections 3 and 5 before you submit this form. If you report an activity in any other category, complete Sections 4 and 5 before you submit this form.

*Choose the single correct category for which you are submitting a PDU claim.

Educational Activities

- ◯ Category A: Courses offered by PMI's R.E.P.s PMI's chapters/communities of practice
- ◯ Category B: Continuing Education offered by a University/college, or a training organization NOT registered with PMI
- ◯ Category C: Self-Directed Learning

Giving Back to the Profession Activities

- ◯ Category D: Creating New Knowledge
- ◯ Category E: Volunteer Service
- ◯ Category F: Work as a Project Professional

3. ACTIVITY INFORMATION - Category A *(for Category A activities only)*

Provider Name:	Provider Number:	Start Date (mm/dd/yy):
Activity Name:	Activity Number:	Completion Date (mm/dd/yy):

This activity met all stated objectives:

- ◯ Strongly agree
- ◯ Agree
- ◯ Somewhat agree
- ◯ Somewhat disagree
- ◯ Strongly disagree

Satisfaction with this provider:

- ◯ Excellent
- ◯ Very good
- ◯ Good
- ◯ Fair
- ◯ Poor

If you report an activity in Category A, also complete Section 5 before you submit this form.

4. ACTIVITY INFORMATION – For All Non-Category A Activities

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 Informaton

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:		
Provider's Email Address:	Phone Number:	Extension
URL (web address):		

5. PDUs

*PDU Quantity per Credential

PMP / PgMP:	PMI-SP:	PMI-RMP:	PMI-ACP:	PMI-PBA:	PfMP:

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/mm/yyyy)