

*Tips for completing this form::*

- Hand-write your information clearly in blue or black ink onto a printed form and submit it by postal mail.
- Type your information into the PDF. If you have PDF-editing software, you can save your data. Otherwise, you will only be able to type your information, then, print out the form and send to PMI.

All information and documentation must be in English. Faxed or scanned copies will not be accepted.

PMI Member ID#:

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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](mailto: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 CAPM 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 CAPM 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:

**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:
	Country:	Zip/Postal Code:

Business Address:	Business Name:	
	City:	State/Province/Territory:
	Country:	Zip/Postal Code:

**Preferred E-mail:**  Personal  Work

**Preferred Phone:**  Home  Business  Mobile

E-mail:	Phone:	Extension:
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**Preferred Fax:**  Home  Business

Fax:

**Applicant's Primary Industry:**

- |   |                                       |   |   |
|---|---------------------------------------|---|---|
| <input type="checkbox"/> Aerospace      | <input type="checkbox"/> Construction | <input type="checkbox"/> Finance                | <input type="checkbox"/> Manufacturing      |
| <input type="checkbox"/> Automotive     | <input type="checkbox"/> Consulting   | <input type="checkbox"/> Healthcare             | <input type="checkbox"/> Pharmaceuticals    |
| <input type="checkbox"/> Business       | <input type="checkbox"/> Education    | <input type="checkbox"/> Human Resources        | <input type="checkbox"/> Telecommunications |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Engineering  | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Other: _____       |

**Highest level of education attained at the time of this application:**

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

Year diploma/degree was awarded:	Name of High School, College or University:	
Address:	City:	State/Province/Territory:
	Country:	Zip/Postal Code:

**Field of Study:**

- |   |                                       |  |                                      |
|---|---------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Communications   | <input type="checkbox"/> Engineering  | <input type="checkbox"/> Marketing       | <input type="checkbox"/> Science     |
| <input type="checkbox"/> Computer Science | <input type="checkbox"/> Finance      | <input type="checkbox"/> Mathematics     | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Education        | <input type="checkbox"/> Liberal Arts | <input type="checkbox"/> Pharmaceuticals |                                      |

Use the Experience Verification form to document at least 1,500 hours of project team experience. Alternatively, you may skip this section and document 23 contact hours of project management education/training on the Project Management Education Form.

Number your projects and submit one set of Experience Verification Forms per project. Please photocopy these forms if you require additional space.

Project #:	Project Title:	Start Date (MM/YYYY):	Completion Date (MM/YYYY):
Project Role:		Project Industry:	
Job Title:		Organization Name:	
Organization Address:	City:	State/Province/Territory:	
	Country:	Zip/Postal Code:	
Phone (Country Code, Area/State/City Code, Phone Number):		Extension:	

Please identify and provide current information for your primary contact on this project so that PMI can verify your professional work experience.

First Name (given name):	Last Name (family name, surname):
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**Contact Relationship:**  Project Sponsor  Manager/Director  Client  Primary Stakeholder

Phone (Country Code, Area/State/City Code, Phone Number):	Extension:	E-mail:
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Total the number of hours you applied to each project management process group during your project team experience. (A total number of 1,500 hours is needed to meet the eligibility requirement). Then, by process, summarize your project team experience in the spaces provided below. Please ensure your description is between 50-80 words (300-500 characters).

Initiating Processes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Planning Processes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Executing Processes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Controlling Processes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Closing Processes: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Total Hours for Project: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

You are only required to complete this form if you have not documented 1,500 hours of project team experience. Please copy this form if you require additional space.

Please document 23 contact hours of project management education/training that will be completed prior to sitting for your examination. One contact hour is equal to one hour of participation in an educational activity. These hours must be related to project management and can include content on project quality, scope, time, cost, human resources, communications, risk, procurement, or integration management. Courses, workshops and training sessions offered by one or more of the following education providers apply.

- A. PMI Registered Education Providers (R.E.P.s)\* - University/college academic and continuing education programs
- B. PMI chapter and community\*
- C. Employer/company-sponsored programs
- D. Training companies or consultants
- E. Distance-learning companies, including an end of course assessment
- F. University/college academic and continuing education programs

The following education does not satisfy the education requirements:

- PMI chapter meetings
- Self-study (e.g., reading books)

\*Courses offered by PMI R.E.P.s, PMI chapters and communities of practice, or PMI, are preapproved for contact hours in fulfillment of eligibility requirements.

1	Course Title:		Institute Name:		Category (A-F):
	Start Date (MM/DD/YYYY):	Completion Date (MM/DD/YYYY):	Hours:	Qualifying Hours:	

2	Course Title:		Institute Name:		Category (A-F):
	Start Date (MM/DD/YYYY):	Completion Date (MM/DD/YYYY):	Hours:	Qualifying Hours:	

3	Course Title:		Institute Name:		Category (A-F):
	Start Date (MM/DD/YYYY):	Completion Date (MM/DD/YYYY):	Hours:	Qualifying Hours:	

4	Course Title:		Institute Name:		Category (A-F):
	Start Date (MM/DD/YYYY):	Completion Date (MM/DD/YYYY):	Hours:	Qualifying Hours:	

5	Course Title:		Institute Name:		Category (A-F):
	Start Date (MM/DD/YYYY):	Completion Date (MM/DD/YYYY):	Hours:	Qualifying Hours:	

**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 certification:**

- Employer Required
- Employer Suggested
- Personal Development


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

- Yes  No

**Have you taken PMI's Applying the Fundamentals of Project Management?**

- Yes  No

## SPECIAL ACCOMODATIONS FOR 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 FOR EXAMINATION

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.

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

- I have read and understand all the policies and procedures in the Certification 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 certification.
- I understand that I must complete any coursework prior to sitting for the exam.
- I understand that I may be selected for audit at any time.

Signature

Date

**Certification application continues on the next page. Payment of the certification fee is expected to be received with the paper application. To expedite processing, apply online at <https://certification.pmi.org>**

*Applicants are encouraged to apply using the online certification system, but may elect to pay the fees under separate cover. Use this payment form to submit your fees by postal mail or submit payment through the online certification system.*

## PAYMENT OPTIONS

Check  
  MasterCard  
  Visa  
  Bank Transfer  
  American Express  
  Diners Club  
  Discover

Credit Card #:

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Exp. Date:

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Signature \_\_\_\_\_

## EXAMINATION FEES *Fees subject to change without notice.*

After determining your membership status and your examination administration preference 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](http://www.prometric.com/pmi).

Examination Administration Type	U.S. Dollars	Euros
<input type="checkbox"/> Computer-Based Testing – member*	US\$225	€185
<input type="checkbox"/> Computer-Based Testing – nonmember	US\$300	€250

Examination Administration Type	U.S. Dollars	Euros	Site	Group Testing No.	Date (MM/DD/YY)
<input type="checkbox"/> Paper-Based Testing – member*	US\$225	€185			
<input type="checkbox"/> Paper-Based Testing – nonmember	US\$300	€250			

\*\*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 issue a refund. 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. If your employer is paying for your membership and has been granted tax-exempt status by the appropriate Canadian authorities, you will not be able to submit your application on-line. You will need to mail or fax your membership application along with a tax-exempt certification meeting the specifications of the Canadian government.

GST/HST registration: 897944807RT0001; QST registration: 1202723001TQ0001