

You can complete this form in two ways:

1. Print out the form and hand-write (print) your information clearly in blue or black ink.
2. Save the PDF to your desktop. Open it in Adobe Acrobat Reader and type in all your information, save the document, print it out and submit it.

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 PMP credential holders:

If you hold the PMP, you can maintain both credentials by accruing and reporting 60 professional development units (PDUs) within your 3-year cycle. Select one of the following options if you hold the PMP.

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

Instructions:

In this section you are being asked to enter 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 PgMP 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 PgMP 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

Preferred Fax: Home Business

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 this section to document at least four years of **professional project management experience**. Each field must be completed. Please copy this form if you require additional space.

Number your projects and copy this section if you are recording experience on more than one project.

Project #	Project Title:	Start Date (MM/YY):	Completion Date (MM/YY):
Project Role: <input type="radio"/> Project Contributor <input type="radio"/> Supervisor <input type="radio"/> Manager <input type="radio"/> Project Leader		Primary Industry: <input type="radio"/> Communications <input type="radio"/> Construction <input type="radio"/> Consulting <input type="radio"/> Education <input type="radio"/> IT Software <input type="radio"/> Management <input type="radio"/> Resources	
<input type="radio"/> Project Manager <input type="radio"/> Consultant <input type="radio"/> Other: _____		<input type="radio"/> Engineering <input type="radio"/> Finance <input type="radio"/> Manufacturing <input type="radio"/> Services <input type="radio"/> Other: _____	
Your 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 experience.

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

Phone (Country Code, Area/State/City Code, Phone Number):	Extension:	E-mail:
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Use this section to document at least four years of *program management experience*. Each field must be completed.

Number your program and copy this section to record your experience on more than one program.

Program #	Program Title:	Start Date (MM/YY):	Completion Date (MM/YY):
Program Budget:	Number of Direct Reports:	Number of Project Managers reporting to you on this program:	
Strategic Goal that this program has met (please use 350 words maximum)			
Program Role <input type="radio"/> CEO <input type="radio"/> CIO <input type="radio"/> Director of Project Management / Director of PMO <input type="radio"/> Portfolio Manager <input type="radio"/> Program Manager <input type="radio"/> Other: _____	Primary Industry <input type="radio"/> Communications <input type="radio"/> Construction <input type="radio"/> Consulting <input type="radio"/> Education <input type="radio"/> IT Software <input type="radio"/> Management <input type="radio"/> Resources <input type="radio"/> Engineering <input type="radio"/> Finance <input type="radio"/> Manufacturing <input type="radio"/> Services <input type="radio"/> Other: _____		
Your 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 contact information for your primary contact on this program. PMI may contact this person to verify your professional experience.

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

Phone (Country Code, Area/State/City Code, Phone Number):	Extension:	E-mail:
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Enter the number of hours you have spent performing tasks in each of the program management domains. If your professional experience consists of more than one program, you do not need to have experience in all domains within every program. In the total program management experience documented on your application (the sum of all programs), you must have some experience in each domain in order to be eligible. The total hours of experience entered for the domains should equal 6,000. (10,500 if you have a secondary diploma, associates degree, or global equivalent).

DOMAINS	DOMAIN DESCRIPTIONS	TOTAL HOURS
Domain 1: Strategic Program Management	Identifying opportunities and benefits that achieve the organization's strategic objectives through program implementation	
Domain 2: Program Life Cycle	Activities related to: <ul style="list-style-type: none"> • Initiating. Defining the program and constituent projects, and obtaining agreement from stakeholders • Planning. Defining program scope and developing the program, including all constituent projects, and all activities that occur within the program • Executing. Performing work necessary to achieve the program's objectives and deliver the program's benefits • Controlling. Monitoring progress, updating program plans as required, managing change and risk • Closing. Finalizing all program activities, including all constituent projects, executing transition plan, archiving, obtaining approvals, and reporting 	
Domain 3: Benefits Management	Defining, creating, maximizing, and sustaining the benefits provided by programs	
Domain 4: Stakeholder Management	Capturing stakeholder needs and expectations, gaining and maintaining stakeholder support, and mitigating/channeling opposition	
Domain 5: Governance	Establishing processes and procedures for maintaining proactive program management oversight and decision-making support for applicable policies and practices throughout the entire program life cycle	
		TOTAL HOURS:

Because a program is comprised of multiple projects, you will need to detail at least two projects that are associated with each program you've documented.

Number the programs with which these projects are associated. Please copy this section for documenting multiple projects.

Program Number with which these projects are associated.

Project 1

Project Title:	Start Date (MM/YY):	Completion Date (MM/YY):
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Project Role: Project Contributor Supervisor Project Manager Project Leader Consultant Other _____

Please identify and provide current information for the project manager on this project so that PMI can verify your professional experience.

First Name (given name):	Last Name (family name, surname):
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Contact Relationship to you: Direct Report Supervisor Peer You

Phone (Country Code, Area/State/City Code, Phone Number):	Extension:	E-mail:
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Project 2

Project Title:	Start Date (MM/YY):	Completion Date (MM/YY):
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Project Role: Project Contributor Supervisor Project Manager Project Leader Consultant Other _____

Please identify and provide current information for the project manager on this project so that PMI can verify your professional experience.

First Name (given name):	Last Name (family name, surname):
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Contact Relationship to you: Direct Report Supervisor Peer You

Phone (Country Code, Area/State/City Code, Phone Number):	Extension:	E-mail:
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Write five Experience Summaries that demonstrate your work as an experienced program manager. For each Experience Summary, describe in 350 words or less the program management-related actions YOU personally performed or directed.

- For each Experience Summary that you complete, select any one program you previously described as part of your program management work experience on this application. You may select the same or different programs for each Experience Summary.
- Then, select either Option A or Option B for that Experience Summary, to describe what YOU did in regard to the program.

Experience Summary #1: Strategic Program Management

Using the buttons, please select the program you will refer to in order to complete Experience Summary #1. For Option A or Option B, please describe and provide specific examples of how YOU either:

SUMMARY OPTION:

Corresponding Program #:

- A. Developed program justification and business case in alignment with the organization's strategic plan
- OR**
- B. Monitored the business environment, program goals, and benefits realization plan in order to ensure the program remains aligned with the organization's strategic objectives

Experience Summary #2: Benefits Realization

Using the buttons, please select the program you will refer to in order to complete Experience Summary #2. For Option A or Option B, please describe and provide specific examples of how YOU either:

SUMMARY OPTION:

Corresponding Program #:

- A. Defined and monitored benefits realization measurement criteria
- OR**
- B. Identified opportunities that resulted in optimized program benefits

Experience Summary #3: Stakeholder Management

Using the buttons, please select the program you will refer to in order to complete Experience Summary #3.

For Option A or Option B, please describe and provide specific examples of how YOU either:

SUMMARY OPTION:

Corresponding Program #:

- A. Identified and analyzed program stakeholders
- OR**
- B. Developed clear expectations and program acceptance criteria with program stakeholders

Experience Summary #4: Governance

Using the buttons, please select the program you will refer to in order to complete Experience Summary #4.

For Option A or Option B, please describe and provide specific examples of how YOU either:

SUMMARY OPTION:

Corresponding Program #:

- A. Established and adapted the program governance model
- OR**
- B. Identified and evaluated risks and their impact on the program objectives throughout the programs

Experience Summary #5: Program Life Cycle

Using the buttons, please select the program you will refer to in order to complete Experience Summary #5.

For Option A or Option B, please describe and provide specific examples of how YOU either:

SUMMARY OPTION:

Corresponding Program #:

- A. Managed and optimized the use of resources (human, materials, equipment, facilities, finance, etc.) across component projects
- OR**
- B. Managed and resolved program-level issues and issues escalated from component project(s)

To comply with the Multi-rater Assessment, you must provide 12 reference contacts to review your competence as a program manager. Your contacts must include: four contacts above your level; four contacts at your level; and four contacts below your level. Copy this form for additional space.

Above Level (4)

- Person to whom you report/your functional manager
- Person who has approval authority
- Program sponsor
- Steering team member
- Governance board member

At Level (4)

- Another PgMP
- Someone with the same/similar level of authority, responsibility, and influence in the organization
- Someone who sits on the same committee at same/similar level
- Functional manager
- Operational manager

Below Level (4)

- Project manager
- Report (direct or matrixed)
- Vendor
- Reporting team member

First Name (given name)

Last Name (family name, surname)

Level (select one)

- Above Level At Level Below Level

Address

City

State / Province / Territory

Zip / Postal Code

Country

Email Address

First Name (given name)

Last Name (family name, surname)

Level (select one)

- Above Level At Level Below Level

Address

City

State / Province / Territory

Zip / Postal Code

Country

Email Address

Please include me in:

- Communications from PMI regarding its products, events and services
- Third Party Mailing Lists
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 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.

- 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 on the next page. Payment of the credential fee is expected to be received with the paper application. Payment can only be made via postal mail with the Payment Form included or via the online certification system.

To expedite processing, please submit your application using the online certification system. <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.

PAYMENT INFORMATION

Check
 MasterCard
 Visa
 Bank Transfer
 American Express
 Diners Club
 Discover

Credit Card #:

Exp. Date:

 /

Signature _____

CREDENTIAL 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'.

PMI uses computer-based testing (CBT) as the standard method of administration for its certification examinations. Candidates who live within 300 km/186.5 miles of a Prometric CBT site must take a CBT exam.

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	U.S. Dollars	Euros
<input type="checkbox"/> Computer-Based Testing – member*	\$1500	€1250
<input type="checkbox"/> Computer-Based Testing – nonmember	\$1800	€1500

Examination Administration Type	U.S. Dollars	Euros	Site	Group Testing No.	Date (MM/DD/YY)
<input type="checkbox"/> Paper-Based Testing – member*	\$1200	€1000			
<input type="checkbox"/> Paper-Based Testing – nonmember	\$1500	€1250			

**Calculate and add Canadian resident tax (if applicable)

TOTAL

Consult the PgMP handbook for the Refund Policy

http://www.pmi.org/en/Certification/~media/PDF/Certifications/pdc_pgmphandbook.ashx

*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 RESIDENTS TAX

In accordance with Canadian tax law, PMI collects taxes on member dues, application fees, and other payments. Canadian residents should include applicable taxes in the space provided. The rate of tax and the total amount that you owe will vary depending on the province where you have permanent residency. Tax calculations by province are 14% for New Brunswick, Newfoundland, Nova Scotia; 14.975% for Quebec; or 6% for all other provinces. If your employer is paying your fee and has been granted tax-exempt status by the appropriate Canadian authorities, please attach evidence of exemption to avoid being billed for unpaid taxes.