

Please use blue or black ink and print all information carefully in the boxes using CAPITAL LETTERS. You must complete all fields.

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

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Country															
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Preferred Phone: Ho	ome Business (Mobile										<u> </u>			
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Associate's Degree / 0				/ Global Eq					,		_9				
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Did you graduate from a	GAC Accredited O	illiversity:	Yes (No, I atte	enueu a	another	univers	ity							
Name of School									Yea	r diplo	ma/c	legree	was	awa	ırded
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Field of Study:															
Computer Science	Education	Engineering	g O	inance		Lib	eral Arts	S	\bigcirc N	/larketi	ng				
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Experience Verification Form - Part I

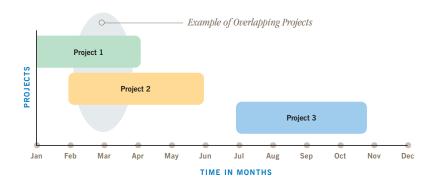
Use the Experience Verification Forms (Parts I, II, and III) to document at least 7,500 hours of experience leading and directing project tasks (4,500 hours if you hold a Bachelor's degree/global equivalent). Each field must be completed.

Number your projects and submit one set of Experience Verific	ation Forms per project. Please photoco	py these forms if you require additional space.
Project #		
Project Title	Start	Date (MM/YYYY) Completion Date (MM/YYYY
Project Role (check one box):	Primary Industry (check one box):	
Project Contributor Educator	Aerospace Educat	tion Manufacturing
Supervisor Consultant	Automotive Engine	ering Pharmaceuticals
	Business Finance	e Telecommunications
Project Leader Other:	Communications Health	care Other:
Project Manager	○ Construction ○ Human	n Resources
	Consulting Informa	ation Technology
Your Job Title Organization	Name	
Organization Address		
Organization Address (continued)		
Organization Address (continued)		
City	State/Province/Territory	Zip/Postal Code
	State/Flowince/Territory	Zip/r ostar code
Country		
Country Code Avoc/State/City Code Blace Num	han Eutamaia.	-
Country Code Area/State/City Code Phone Num	ber Extension	
Please identify and provide current information for your prim	any contact on this twoicet so that DMI.	aga vanificación al ambanion a
		un verijy your projessionui experience.
First Name (given name)	ast Name (family name, surname)	
Contact Relationship	Supervisor Design Manager	Client Primary Stakeholder
	Supervisor Project Manager	Client Primary Stakeholder
E-mail address		
Country Code Area/State/City Code Phone Numl	ber Extension	
Country Code Area/State/Oily Code Filone Numi	Jei Extension	1



Experience Verification Form - Part I (continued)

EXAMPLE OF UNIQUE NON-OVERLAPPING MONTHS



Calculating professional project management experience:

Each month in which you worked on multiple, overlapping projects is to count as one month toward the total months of unique, non-overlapping professional project management experience.

In this example, the project manager worked on Project 1 and Project 2 simultaneously February—April. The time spent on both projects counts as three, not six, months toward the total to fulfill the professional project management experience requirement.

Experience Verification Form - Part II

For each project, please list the number of hours you have spent leading and directing the tasks noted in the five process groups. Next, add the total hours per process and record that number in the boxes to the right of each section. Remember to record the project number that corresponds with the project documented in Part I of the Experience Verification Form.

Project #	
INITIAT	ING THE PROJECT
	Defining the project scope and obtaining approval from stakeholders. For example: Perform project assessment; define the high-level scope of the project; perform key stakeholder analysis; identify and document high-level risks, assumptions, and constraints; develop and obtain approval for the project charter.
	TOTAL HRS.
PLANNI	NG THE PROJECT
	Preparing the project plan and developing the work breakdown structure (WBS). For example: Assess detailed project requirements, constraints, and assumptions with stakeholders; create the work breakdown structure; develop a project schedule; develop budget, human resource management, communication, procurement, quality management, change management, and risk management plans; present the project plan to the key stakeholders; conduct a kick-off meeting.
	TOTAL HRS.
EXECUT	ING THE PROJECT
	Performing the work necessary to achieve the stated objectives of the project. For example: Obtain and manage project resources; execute the tasks as defined in the project plan; implement the quality management plan; implement approved changes according to the change management plan; implement approved actions by following the risk management plan; maximize team performance.
	TOTAL HRS.



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MONITORING AND	CONTROLLING THE PROJECT	
project perfor ensure that p	mance using appropriate tools and techniques; manage changes to the project scope, schedule, and costs; roject deliverables conform to the quality standards; update the risk register and risk response plan; assess	
	TOTAL HRS.	
Monitoring project progress, managing change and risk, and communicating project status. For example: Measure project performance using appropriate tools and techniques; manage changes to the project scope, schedule, and costs; ensure that project deliverables conform to the quality standards; update the risk register and risk response plan; assess corrective actions on the issue register; communicate project status to stakeholders. TOTAL HRS. CLOSING THE PROJECT Finalizing all project activities, archiving documents, obtaining acceptance for deliverables, and communicating project closure. For example: Obtain final acceptance of the project deliverables; transfer the ownership of deliverables; obtain financial, legal, and administrative closure; distribute the final project report; collate lessons learned; archive project documents and materials; measure customer satisfaction. TOTAL HRS. TOTAL HOURS ON PROJECT		
closure. For e financial, lega	Monitoring project progress, managing change and risk, and communicating project status. For example: Measure project performance using appropriate tools and techniques; manage changes to the project scope, schedule, and costs ensure that project deliverables conform to the quality standards; update the risk register and risk response plan; asses corrective actions on the issue register; communicate project status to stakeholders. TOTAL HRS. SING THE PROJECT Finalizing all project activities, archiving documents, obtaining acceptance for deliverables, and communicating project closure. For example: Obtain final acceptance of the project deliverables; transfer the ownership of deliverables; obtain financial, legal, and administrative closure; distribute the final project report; collate lessons learned; archive project documents and materials; measure customer satisfaction. TOTAL HRS.	
	TOTAL HRS.	
	TOTAL HOURS ON PROJECT	



PMP Credential Application · Page 6 Experience Verification Form - Part III

In the space provided below, please summarize the project tasks that you led and directed on this project. Candidates are **required** to use this form to summarize deliverables. Attachments (e.g., scope of work documents) will not be accepted. Remember to record the project number that corresponds with the project documented in Parts I and II of the Experience Verification Forms.

Project #	
Initiating	
Planning	
Executing	
Monitoring and Controlling	
Closing	



Project Management Education Form

Please photocopy this form if you require additional space.

Please document 35 contact hours of project management education/training. 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)*
- B. Courses or programs offered by PMI Component organizations*
- 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 Components (chapters, specific interest groups, colleges), or PMI, are preapproved for contact hours in fulfillment of eligibility requirements.

1 Course Title	
Institution Name	
Course Start Date (MM/DD/YYYY)	Course Completion Date (MM/DD/YYYY) / / / / / / / / / / / / / / / / / / /
Contact Hours Earned	
2 Course Title	
Institution Name	
Course Start Date (MM/DD/YYYY)	Course Completion Date (MM/DD/YYYY) /
Contact Hours Earned	



Please include me in: Communications	from PMI regarding its products,	events and service		Mailing Lists Ma rom organizations	
Optional Information					
The following questions are optional, and you	u may choose not to answer them.				
Reason you are applying for this credenti	al:				
Employer Required Employer	oyer Suggested Personal D	Development			
Have you taken a certification preparatio Yes No	n course presented by a PMI Ch	apter?			
Special Accommodations for the	Examination				
	cial needs which may impa orm. The completed form and credential application.				-
Language Aid					
All PMI credential examinations are aid. If you would like a language aid			an be provided	with an accom	panying language
○ Arabic ○ Chinese (Simplified)	Ochinese (Traditional)	French	German	Hebrew	○ Italian
◯ Japanese ◯ Korean	O Portuguese (Brazilian)	Russian	Spanish	Turkish	
I have read and understand all the	e policies and procedures in	the Credential	Handbook.		
O I bave read and accept the terms PMI Certification Application/Ren	-	d in the PMI Co	de of Ethics and	Professional C	onduct and in the
I declare that all the information misrepresentations or incorrect revocation of my eligibility or creation.	information provided to PM				
Signature					Date

 ${\it Credential\ application\ continues\ to\ the\ next\ page.\ Payment\ of\ the\ credential\ fee\ is\ expected\ to\ be\ received\ with\ the\ paper\ application.}$



PMP Credential Application · Page 9 Credential Payment Form

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

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** 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; 13.88% 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. Please note that if your employer is paying for this purchase and has been granted tax-exempt status by the appropriate Canadian authorities, you will not be able to use online processing. You will need to mail your application and mail or fax a tax-exempt document meeting the specifications of the Canadian government to the PMI Global Operations Center (fax: +1 610-771-4085).

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

^{*}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.