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 like Adobe® Acrobat® or Foxit® Reader, you can save your data. Otherwise, you will only be able to type your information, then print out the form and send it to PMI.*

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

PMI Member ID#:

If you are a PMI member, you have an ID number. To find your ID number, log in to myPMI and select "Profile" from the top navigation, then select "Membership Profile" from the left navigation. If you have any questions, you may contact PMI Customer Care at +1 610-356-4600, or send an email to **customercare@pmi.org**.

For PgMP credential holders:

If you hold the PgMP, you can maintain both credentials by accruing and reporting 60 Professional Development Units (PDUs) within your three-year cycle. Select one of th following options if you hold the PgMP.

○ **Option A** - PMP credential and PgMP credential will share PDUs including those earned for the PgMP before obtaining the PMP will be forfeited. The PgMP renewal date will be set equal to the newly-acquired PMP renewal cycle.

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

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 PMP 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., 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 PMP 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:

Prefered 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:

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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:

Preferred Fax: ◯ Home ◯ Business

Fax:

Applicant's Primary Industry:

☐ Aerospace   ☐ Construction   ☐ Finance   ☐ Manufacturing

☐ Automotive   ☐ Consulting   ☐ Healthcare   ☐ Pharmaceuticals

☐ Business   ☐ Education   ☐ Human Resources   ☐ Telecommunications

☐ Communications   ☐ Engineering   ☐ Information Technology   ☐ 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

Did you graduate from a GAC-Accredited University?   ◯ Yes   ◯ No, I attended another University

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

Field of Study:

☐ Communications   ☐ Engineering   ☐ Marketing   ☐ Science

☐ Computer Science   ☐ Finance   ☐ Mathematics   ☐ Other _____

☐ Education   ☐ Liberal Arts   ☐ Pharmaceuticals

Use the Experience Verification form to document at document at least 7,500 hours of experience leading and directing projects (4,500 hours if you hold a Bachelor's degree/global equivalent), along with 35 contact hours of formal project management education.

Number your projects and submit one set of Experience Verification Forms per project. Please copy 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):

Contact Relationship: ○ Project Sponsor ○ Manager/Director ○ Client ○ Primary Stakeholder

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

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 at the bottom of each section. Remember to record the project number that corresponds with the project documented at the top of the Experience Verification form. Please ensure your description is between 50-80 words (300-500 characters).

Initiating the Project:	
Planning the Project:	
Executing the Project:	
Controlling the Project:	
Closing the Project:	

Total Hours for Project:

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 chapters or communities of practice*
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 pre-approved for contact hours in fulfillment of eligibility requirements.

❶

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

❷

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

❸

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

❹

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

❺

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.

○ Arabic   ○ Chinese (Simplified)   ○ Chinese (Traditional)   ○ French
○ German   ○ Hebrew   ○ Italian   ○ Japanese
○ Korean   ○ Portuguese (Brazilian)   ○ Russian   ○ Spanish
○ 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 certify that I am legally eligible to seek certification from PMI, and that I am not on any list of designated parties maintained by the US government, including but not limited to the List of Specially Designated Nationals and Blocked Persons, nor am I in any way affiliated with the governments of countries subject to comprehensive US sanctions, currently Iran, Sudan, Syria and Cuba, nor am I ordinarily or permanently resident in Syria or Cuba.

☐ 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.

PMI Member ID#:

If you are a PMI member, you have an ID number. To find your ID number, log in to myPMI and select "Profile" from the top navigation, then select "Membership Profile" from the left navigation. If you have any questions, you may contact PMI Customer Care at +1 610-356-4600, or send an email 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:

PAYMENT OPTIONS

◯ Check   ◯ MasterCard   ◯ Visa   ◯ Bank Transfer   ◯ American Express   ◯ Diners Club   ◯ Discover

Credit Card #:

Exp. Date: /

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.

Examination Administration Type	U.S. Dollars	Euros
❑ Computer-Based Testing – member*	US$405	€345
❑ Computer-Based Testing – nonmember	US$555	€465

Examination Administration Type	U.S. Dollars	Euros	Site	Group Testing No.	Date (MM/DD/YY)
❑ Paper-Based Testing – member*	US$250	€245			
❑ Paper-Based Testing – nonmember	US$400	€335			

**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 online. 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