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.

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.

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 the following options if you hold the PgMP.

○ **Option A** – PMP credential and PgMP credential will share PDUs going forward. Any PDUs earned for the PgMP prior to 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 including those earned for the PgMP before 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., 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 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

Contact information:

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   Zip/Postal Code

Business Name

PMI prefers that you apply using the online certification system at PMI.org

Contact information (continued):

Business Address

City

State/Province/Territory

Zip/Postal Code

Country

Preferred E-mail: ○ Personal ○ Work

Preferred Phone: ○ Home ○ Business ○ Mobile

Country Code

Area/State/City Code

Phone Number

Extension

Preferred Fax: ○ Home ○ Business

Country Code

Area/State/City Code

Fax Number

Applicant's Primary Industry:

○ Aerospace ○ Construction ○ Finance ○ Manufacturing
○ Automotive ○ Consulting ○ Healthcare ○ Pharmaceuticals
○ Business ○ Education ○ Human Resources ○ Telecommunications
○ Communications ○ Engineering ○ Information Technology ○ Other: _____

EDUCATION ATTAINED *(highest level 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

Name of School

Year diploma/degree was awarded

Address

City

State/Province/Territory

Zip/Postal Code

Country

Field of Study:

○ Computer Science ○ Education ○ Engineering ○ Finance ○ Liberal Arts ○ Marketing
○ Science ○ Mathematics ○ Economics ○ Communications ○ Other: _____

PMI prefers that you apply using the online certification system at PMI.org

Use the Experience Verification Forms (Parts I, II, and III) to document at least 7,500 hours of experience leading and directing projects (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 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 (check one box):

- ○ Project Contributor
- ○ Supervisor
- ○ Manager
- ○ Project Leader
- ○ Project Manager
- ○ Educator
- ○ Consultant
- ○ Administrator
- ○ Other: _____

Primary Industry (check one box):

- ○ Aerospace
- ○ Automotive
- ○ Business
- ○ Communications
- ○ Construction
- ○ Consulting
- ○ Education
- ○ Engineering
- ○ Finance
- ○ Healthcare
- ○ Human Resources
- ○ Information Technology
- ○ Manufacturing
- ○ Pharmaceuticals
- ○ Telecommunications
- ○ Other: _____

Your Job Title

Organization Name

Organization Address

Organization Address (continued)

Organization Address (continued)

City

State/Province/Territory

Zip/Postal Code

Country

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)

Contact Relationship ○ Project Sponsor ○ Manager/Supervisor ○ Project Manager ○ Client ○ Primary Stakeholder

E-mail address

Country Code

Area/State/City Code

Phone Number

Extension

EXAMPLE OF UNIQUE NON-OVERLAPPING MONTHS

Example of Overlapping Projects

Project 1

Project 2

Project 3

| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |

TIME IN MONTHS
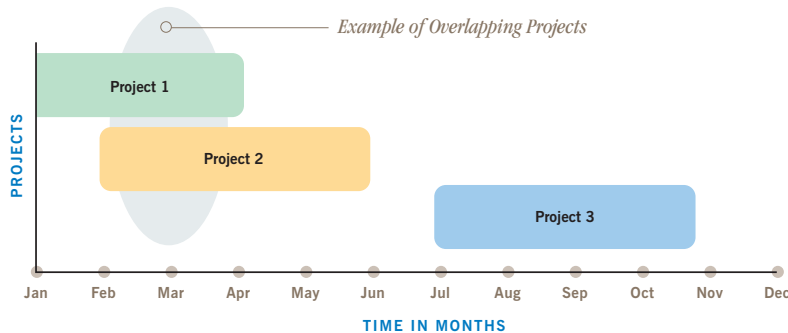
PROJECTS

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 by each of the five Process Groups, the number of hours you have spent leading and directing projects . This will count toward the hours of experience needed for the eligibility requirement. Remember to record the project number that corresponds with the project documented in Part 1 of the Experience Verification Form.

Project # ☐☐

INITIATING 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.**

PLANNING 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.**

EXECUTING 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.**

MONITORING AND CONTROLLING THE PROJECT

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** |

*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

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.

❶ Course Title

Institution Name

Course Start Date (MM/DD/YYYY)   **Course Completion Date (MM/DD/YYYY)**

Contact Hours Earned

❷ 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 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 credential:

◯ Employer Required   ◯ Employer Suggested   ◯ Personal Development

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

◯ Yes   ◯ No

Special Accommodations for the 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

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 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