

## Application Form Initial Certification & Re-certification (template)

Applicant's name: \_\_\_\_\_

Initial Certification (mark "X" as appropriate)

IPMA Level A®		IPMA Level B®	
Certified Project Director	<input type="checkbox"/>	Certified Senior Project Manager	<input type="checkbox"/>
Certified Programme Director	<input type="checkbox"/>	Certified Senior Programme Manager	<input type="checkbox"/>
Certified Portfolio Director	<input type="checkbox"/>	Certified Senior Portfolio Manager	<input type="checkbox"/>
IPMA Level C®		IPMA Level D®	
Certified Project Manager	<input type="checkbox"/>	Certified Project Management Associate	<input type="checkbox"/>

Recertification (mark "X" as appropriate)

IPMA Level A®		IPMA Level B®	
Certified Project Director	<input type="checkbox"/>	Certified Senior Project Manager	<input type="checkbox"/>
Certified Programme Director	<input type="checkbox"/>	Certified Senior Programme Manager	<input type="checkbox"/>
Certified Portfolio Director	<input type="checkbox"/>	Certified Senior Portfolio Manager	<input type="checkbox"/>
IPMA Level C®		IPMA Level D®	
Certified Project Manager	<input type="checkbox"/>	Certified Project Management Associate	<input type="checkbox"/>

<b>Certificate Num.</b>		<b>Expiry date</b>	
<b>Issued by (1)</b>			

(1) Name and country of the certification body

**Application verified by:**

<b>Name</b>	
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<b>Date</b>	
<b>Signature</b>	

## Identification of Applicant

All fields are mandatory (except the number of Association Member)

Dates should be entered using the format YYYY-MM-DD.



Date of birth \_\_\_\_\_

Place of birth \_\_\_\_\_

Nationality \_\_\_\_\_

Identification document (2) \_\_\_\_\_

Document number \_\_\_\_\_ Expiry date \_\_\_\_\_

Fiscal number \_\_\_\_\_ Association member (3) \_\_\_\_\_

**Home Address**

Postal mail will be sent to your home address, unless you declare your preference for your employer's address below

Street \_\_\_\_\_

Number \_\_\_\_\_ Floor \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Mobile \_\_\_\_\_

E-mail \_\_\_\_\_

**Employer's Address**

If you prefer your postal mail to be sent to your employer's address, please signal your preference here:

Company name \_\_\_\_\_

Department / Unit \_\_\_\_\_

Street \_\_\_\_\_

Number \_\_\_\_\_ Floor \_\_\_\_\_

Postal code \_\_\_\_\_ City \_\_\_\_\_

Telephone \_\_\_\_\_ Extension \_\_\_\_\_

E-mail \_\_\_\_\_

**Invoice to be send to** Home Address  or Employer's Address  Fiscal Nr \_\_\_\_\_

**Profession**

Member of Professional Organization / College / Association:

Member Nr.

\_\_\_\_\_

\_\_\_\_\_

(2) Identity card, passport, other (specify)

(3) Association member number (optional)

## Academic Degree

In case you are granted more than one qualification in the same degree, consider only the more relevant to Project Management.

Degree	Subject	Finish date (YYYY-MM)	Institution

## Professional Activity

### List of projects, programmes and portfolios

This list is mandatory for IPMA Levels A, B and C applicants both for certification and recertification purposes.

You should detail your participation in projects, programmes or portfolios by decreasing chronological order of conclusion dates.

Since this list is a key element of decision to accept a new application, even if you include a project, programme or portfolio in your Executive Summary Report, you shall include it in this list to assess the eligibility criteria

For the recertification purpose, you should include all relevant references since last certification.

Important: Applicants shall verify if they are conforming to the minimum requirements for the level they are applying, as defined in IPMA Certification Regulations.

For each project, programme or portfolio, you shall duplicate the corresponding description table as needed and fill the tables according with the next page instructions .

Entry Instructions		
Field	Mandatory	Details
PPP name	Yes	Project, programme or portfolio name
Customer	Yes	Customer name. This information is required for eventual contact with referees. This information will be used only for certification purposes.
Type	Yes	Enter: P – Project; Pg – Programme; Pf – Portfolio
Workload (% Duration)	Yes	Enter the percentage of total days of your work relating to the project duration. Use the appropriate boxes: Pf – Portfolio Director / Manager; Pg – Programme Director / Manager PM – Project Director / Manager TL – Team Leader Other – describe in the Comments box
End date	Yes	Enter the date your responsibility ended. (Format YYYY-MM)
Duration (months)	Yes	Project or Programme duration (MM) or the duration of your responsibility as Portfolio Director / Manager (MM)
Total team effort (days)	Yes	Enter total team work days (FTE), including contracted resources, allocated to project, programme or portfolio activities
Budget	No	Enter the project or programme budget in thousands [enter local currency] For portfolios you should fill with the total portfolio value. This field is optional but filling is recommended to contribute to the complexity assessment.
Referees	No	Filling is mandatory if the project, programme or portfolio is used in the Certification Report.
Description	Yes	Summary information to understand the project, programme or portfolio purpose (maximum of 5 lines) If the project, programme or portfolio is part of your Executive Summary Report please mark it, avoiding to repeat information.
Comments	No	Use to add the information you consider appropriate to clarify your ability in managing projects / programmes / portfolios

Project, Programme or Portfolio		Type	Workload (% Duration)				
			PF	PG	PM	TL	Other
Name							
Applicant role							
<b>Referees for this Project, Programme or Portfolio</b>							
Name:							
Position:							
e-mail:							
Telephone / mobile:							
<b>Brief description (max. 5 lines)</b>			<b>Include in Executive Summary</b>				<input type="checkbox"/>
<b>Comments</b>							

## Other Professional Activities

(Related to Project / Programme / Portfolio Management)

### Consultancy led by the Applicant

Customer / Company	Consultancy Service	Start date	End date	# Team Members	Applicant's # hours

### Training delivered by the Applicant

Customer / Company	Course name	Start date	End date	# Team Members	Applicant's # hours

### Education delivered by the Applicant

University / College / Institute	Lecture Designation	Lecturing Start date (YY - MM)	Lecturing End date (YY - MM)	# Hours / Lecture	Academic grade (*)	Content author (Yes / No)

(\*) B – Bachelor; M – Master; P – Post-graduate; D – Doctorate

### Other project, programme or portfolio activities performed by the Applicant

Employer	Activity	Start date (YY - MM)	End date (YY - MM)

**Other referees (in addition to those mentioned in the list of projects, programmes and portfolios)**

<b>Referee for:</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>e-mail:</b>	
<b>Telephone / mobile:</b>	
<b>Referee for:</b>	
<b>Name:</b>	
<b>Position:</b>	
<b>e-mail:</b>	
<b>Telephone / mobile:</b>	



# Continuous Professional Development (CPD)

## Training

Include only training related to the development of project, programme or portfolio management knowledge, skills and abilities.

Training Organization	Course designation	End date	# Hours	Theory	Theory/ Practice	Practice
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Professional Certifications

Include only professional certifications that you consider related to Project Management.

Certification Body	Certificate name	# Hours (a)	Certificate Number	Expiry date	Competence Elements

(a) Number of hours required for certification preparation

## Other Activities related to CPD

#	Activities	# Hours (a)	Certificate Number and or Date (if relevant)	Competence Elements

## Summary Statement on CPD

Provide a short summary reflecting on what benefits you have gained from the CPD.

## Other information:

Add other information you consider useful for your application.

## Your motivation for Certification or Re-certification: (short text)

Why do you wish to be IPMA certified / re-certified for this level?

## Declarations of Applicant

I agree to and will comply with the conditions and obligations of the IPMA Four-Level-Certification System, including:

- the ownership and use of the Certificate;
- the CPAM-CERT certification procedures;
- the CAPM-CERT financial terms and conditions;
- the IPMA Code of Ethics;
- the CAPM-CERT complaints and appeals process.
- I understand that each certificate have validity of 5 years

I authorize the archiving and the publication of my name and certificate details on the Certification Body and IPMA websites.  Applicant initials \_\_\_\_\_

I do not authorize the archiving and the publication of my name and certificate details on the [insert CB name] and IPMA websites.  Applicant initials \_\_\_\_\_

I authorize the CAPM-CERT:

- to make the information related to my certification process available for IPMA Validation / Audit purposes;
- to verify the truthfulness of my information through the referees named in this application.

Date of application (YYYY-MM-DD): \_\_\_\_\_

Applicant signature: \_\_\_\_\_