



# PMP Credential Application · Page 1

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 [customer-care@pmi.org](mailto:customer-care@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



Contact information (continued):

Business Address

[Grid for Business Address]

City

[Grid for City]

State/Province/Territory

[Grid for State/Province/Territory]

Zip/Postal Code

[Grid for Zip/Postal Code]

Country

[Grid for Country]

Preferred E-mail:  Personal  Work

[Grid for Preferred E-mail]

Preferred Phone:  Home  Business  Mobile

Country Code

[Grid for Country Code]

Area/State/City Code

[Grid for Area/State/City Code]

Phone Number

[Grid for Phone Number]

Extension

[Grid for Extension]

Preferred Fax:  Home  Business

Country Code

[Grid for Country Code]

Area/State/City Code

[Grid for Area/State/City Code]

Fax Number

[Grid for Fax Number]

Applicant's Primary Industry:

- Aerospace, Automotive, Business, Communications, Construction, Consulting, Education, Engineering, Finance, Healthcare, Human Resources, Information Technology, Manufacturing, Pharmaceuticals, Telecommunications, 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

Year diploma/degree was awarded

[Grid for Year]

Name of High School, College or University

[Grid for Name]

Address

[Grid for Address]

City

[Grid for City]

State/Province/Territory

[Grid for State/Province/Territory]

Zip/Postal Code

[Grid for Zip/Postal Code]

Country

[Grid for Country]

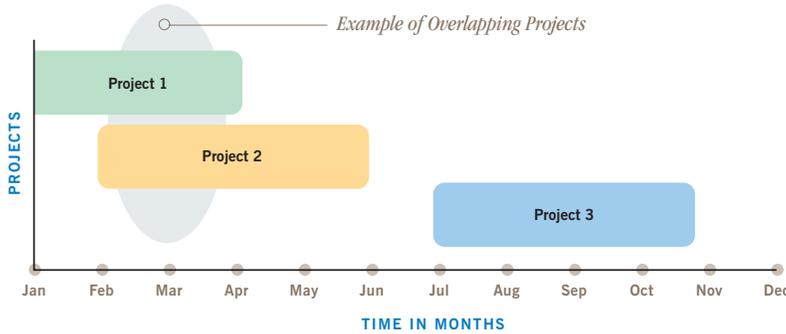
Field of Study:

- Computer Science, Education, Engineering, Finance, Liberal Arts, Marketing, Science, Mathematics, Economics, Communications, Other: \_\_\_\_\_





**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 #

**INITIATING PROCESS**

- Conduct project selection methods to evaluate the feasibility of new products or services
- Identify key stakeholders and perform analysis to gain buy-in and requirements for the success of the project.
- Define the scope of the project based on the organization’s need to meet the customer project expectations.
- Develop the project charter and review it with key stakeholders to confirm project scope, risks, issues, assumptions and constraints as well as obtain project charter approval from the project sponsor.
- Identify and document high level risks, assumptions and constraints using historical data and expert judgment.     **TOTAL HRS.**

**PLANNING PROCESS**

- Identify key project team members and define roles and responsibilities to create a project organization structure to develop a communication plan.
- Create the work breakdown structure with the team to develop the cost, schedule, resource, quality and procurement plans.
- Identify project risks to define risk strategies and develop the risk management plan.
- Obtain project plan approval from the customer and conduct a kick off meeting with all key stakeholders.
- Define and record detail project requirements, constraints and assumptions with the stakeholders to establish the project deliverables.
- Develop the change management plan to define how changes will be handled to manage the triple constraints.     **TOTAL HRS.**

**EXECUTING PROCESS**

- Manage proactively the resource allocation by ensuring that appropriate resources and tools are assigned to the tasks according to the project plan.
- Execute the tasks defined in the project plan in order to achieve the project goals.
- Ensure a common understanding and set expectations through communication to align the stakeholders and team members.
- Improve team performance by building team cohesiveness, leading, mentoring, training, and motivating in order to facilitate cooperation, ensure project efficiency and boost morale.
- Implement a quality management plan to ensure that work is being performed according to required quality standards.



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**Experience Verification Form - Part II (continued)**

Implement approved changes according to the Change Management Plan.

Obtain project resources in accordance with a procurement plan.

Implement the approved actions and workarounds required to minimize the impact of project risks.

**TOTAL HRS.**

**MONITORING AND CONTROLLING PROCESS**

Measure project performance using appropriate tools and techniques.

Verify and manage changes to the project scope, project schedule and project costs as defined in the change management plan.

Monitor the status of all identified risks, identify any new risks, take corrective actions and update the risk response plan.

Ensure the project deliverables conform to quality standards established in the project quality plan.

**TOTAL HRS.**

**CLOSING PROCESS**

Formalize and obtain final acceptance for the project.

Identify, document and communicate lessons learned.

Archive and retain project records, historical information and documents (e.g., project schedule, project plan, lessons learned, surveys, risk and issues logs, etc.) in order to retain organizational knowledge, comply with statutory requirements, and ensure availability of data for potential use in future projects and internal/external audits.

Obtain financial, legal and administrative project closure (e.g., final payments, warranties, contract signoff).

Release all project resources and provide performance feedback.

Create and distribute final project report.

Measure customer satisfaction at the end of the project.

**TOTAL HRS.**

**TOTAL HOURS ON PROJECT**



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### 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.*

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**Project #**

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Initiating

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Planning

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Executing

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Monitoring and Controlling

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Closing

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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

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### 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.*

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### 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.*

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Signature

Date

*Credential application continues to the next page. Payment of the credential fee is expected to be received with the paper application.*



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## 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.*

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](mailto:customer-care@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 Information

Check    Master Card    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 type 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](http://www.prometric.com/pmi).

Examination Administration Type	US Dollars	Euros
Computer-Based Testing – member*	\$405	€ 340
Computer-Based Testing – nonmember	\$555	€ 465

Examination Administration Type	US Dollars	Euros	Site	Group Testing No.	Date (MM/DD/YY)
Paper-Based Testing – member*	\$250	€ 205			
Paper-Based Testing – nonmember	\$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 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 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 13% for New Brunswick, Newfoundland/Labrador and Nova Scotia; 12.88% for Quebec, 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







# PMI Credential Reexamination Form (continued)

**CAPM Reexamination Administration Fees**      US Dollars    Euros

Computer-Based Testing – member*	\$ 150	€ 125
Computer-Based Testing – nonmember	\$ 200	€ 170

**CAPM Reexamination Administration Fees**      US Dollars    Euros      Site      Group Testing No.    Date (MM/DD/YY)

Paper-Based Testing – member*	\$ 150	€ 125			
Paper-Based Testing – nonmember	\$ 200	€ 170			

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

**PMP Reexamination Administration Fees**      US Dollars    Euros

Computer-Based Testing – member*	\$ 275	€ 230
Computer-Based Testing – nonmember	\$ 375	€ 315

**PMP Reexamination Administration Fees**      US Dollars    Euros      Site      Group Testing No.    Date (MM/DD/YY)

Paper-Based Testing – member*	\$ 150	€ 125			
Paper-Based Testing – nonmember	\$ 300	€ 250			

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

**PgMP Reexamination Administration Fees**      US Dollars    Euros

Computer-Based Testing – member*	\$ 500	€ 420
Computer-Based Testing – nonmember	\$ 600	€ 500

**PgMP Reexamination Administration Fees**      US Dollars    Euros      Site      Group Testing No.    Date (MM/DD/YY)

Paper-Based Testing – member*	\$ 400	€ 335			
Paper-Based Testing – nonmember	\$ 500	€ 420			

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

**PMI-SP Reexamination Administration Fees**      US Dollars    Euros

Computer-Based Testing – member*	\$ 335	€ 280
Computer-Based Testing – nonmember	\$ 435	€ 365

**PMI-SP Reexamination Administration Fees**      US Dollars    Euros      Site      Group Testing No.    Date (MM/DD/YY)

Paper-Based Testing – member*	\$ 270	€ 225			
Paper-Based Testing – nonmember	\$ 370	€ 310			

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

**PMI-RMP Reexamination Administration Fees**      US Dollars    Euros

Computer-Based Testing – member*	\$ 335	€ 280
Computer-Based Testing – nonmember	\$ 435	€ 365

**PMI-RMP Reexamination Administration Fees**      US Dollars    Euros      Site      Group Testing No.    Date (MM/DD/YY)

Paper-Based Testing – member*	\$ 270	€ 225			
Paper-Based Testing – nonmember	\$ 370	€ 310			

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



## PMI Credential Reexamination Form (continued)

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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 13% for New Brunswick, Newfoundland/Labrador and Nova Scotia; 12.88% for Quebec, 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

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### Special Accommodations for Examination

*Candidates may request modification to the examination administration procedure due to disability, handicap, or other condition which may impair the ability of the candidate to take the exam. To request special testing accommodation, candidates must indicate their need on this form by checking the appropriate box below.*

- I am requesting the same special accommodation(s) that was approved for my previous examination.
- I am requesting special accommodation(s) for the first time.  
(Please complete the Special Accommodations form separately and submit it to PMI with your reexamination form)

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### Language Aid for Examination

*All PMI credential examinations are administered in English, but assistance for the CAPM and PMP can be provided with an accompanying language aid. The PgMP, PMI-SP and PMI-RMP examinations currently are only available in English. If you would like a language aid for the CAPM or PMP examination, please indicate your choice below.*

- |   |                                |  |
|---|--------------------------------|--|
| <input type="radio"/> Arabic                | <input type="radio"/> Hebrew   | <input type="radio"/> Portuguese (Brazilian) |
| <input type="radio"/> Chinese (Simplified)  | <input type="radio"/> Italian  | <input type="radio"/> Russian                |
| <input type="radio"/> Chinese (Traditional) | <input type="radio"/> Japanese | <input type="radio"/> Spanish                |
| <input type="radio"/> French                | <input type="radio"/> Korean   | <input type="radio"/> Turkish                |
| <input type="radio"/> German                |                                |  |