



# 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, Associate's Degree / Global Equivalent, Bachelor's Degree / Global Equivalent, Master's Degree / Global Equivalent, Doctoral / Global Equivalent

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

Name of School

[Grid for Name of School]

Year diploma/degree was awarded

[Grid for Year diploma/degree was awarded]

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]

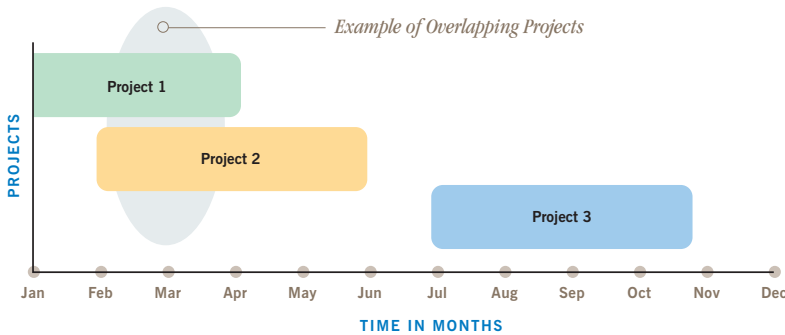
Field of Study:

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





**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 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.

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**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.

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**TOTAL HRS.**

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**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.*

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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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## PMP Credential Application · Page 8

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

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- 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