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| D:\IPMA\Website\Intranet\323 Official Graphics\IPMA_full_logo_sm.png | Application Form  Initial Certification & Recertification  (template) | LOGO%20novi%20za%20statut-HUUP |

***Please consider the environment before printing this document***

Version control

| Version and date of CVMB approval | Date | Valid until |
| --- | --- | --- |
| Version 1.0 | 11.10.2016 | N/A |

Configuration control

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Version | Section | Change |
| 28.04.2016 | 0.1 | All | * Application form to be used for initial certification and re-certification, ALL LEVELS * Developed to be reviewed within the ICR4 Implementation project team members |
| 26.05.2016 | 0.2 | All | * Incorporate team members’ comments |
| 20.06.2016 | 0.3 | IPMA logo | * IPMA logo deleted |
| 26.06.2016 | 0.4 | All | * Compliance with the Document Design Guidelines * Small text changes in wording in the Table on pages 4-5 * Colour in Tables in the tables headers added (greyish) * “Other information” and “Motivation” boxes – small text added for better explanation for the Applicant * CEs covered by the activities added in CPD section (item 9.5.13 of ICR4) * A summary statement reflecting the Applicant’s learning from the CPD added in CPD section (item 9.5.13 of ICR4) * Change the order of the sections: CPD sections moved to the end as more related to re-certification |
| 29.06.2016 | 0.5 | All | * Place for photo added, reference to number of years deleted, Jorunns’ comments incorporated |
| 02.08.2016 | 0.6 | All | * CVMB comments: “invoice to” |
| 13.08.2016 | 0.7 | IPMA logo | * IPMA logo added * List of projects/programmes/portfolios added (deleted from v0.4 to v0.5) |
| 11.10.2016 | 0.9 | All | * Proposed Version by Project Team |
| 11.10.2016 | 1.0 | All | * There was some concern in CVBM about the usage of the IPMA logo on the application form. CVMB was directed by VP Certification and VP Marketing to include the IPMA logo on the application form irrespective of the potential legal risk associated (ref. to the corresponding Management Exception Report). Template endorsed by CVMB for CB use and modification. |
| 22.11.2016 | 1.0.1 | Configuration Control only | * The ExBo analyzed the implications of the use of IPMA logo in Certification documents and, considering the importance for the promotion of IPMA image and the alleged potential risks, the ExBo decided that: * *The IPMA logo, together with the CB / MA logo (s), should be used in all certification documents, including the Application form.* |

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| |  |  |  | | --- | --- | --- | | D:\IPMA\Website\Intranet\323 Official Graphics\IPMA_full_logo_sm.png | Application Form  Initial Certification &  Re-certification  (template) | LOGO%20novi%20za%20statut-HUUP | |  | C:\Users\BHaidacher\Pictures\facultare\Logos Varios\IPMA\IPMA_traditional.epsC:\Users\BHaidacher\Pictures\facultare\Logos Varios\IPMA\IPMA_traditional.epsC:\Users\BHaidacher\Pictures\facultare\Logos Varios\IPMA\IPMA_traditional.epsC:\Users\BHaidacher\Pictures\facultare\Logos Varios\IPMA\IPMA_traditional.eps |

Applicant’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial Certification (mark “X” as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| IPMA Level A® | | IPMA Level B® | |
| Certified Project Director |  | Certified Senior Project Manager |  |
| Certified Programme Director |  | Certified Senior Programme Manager |  |
| Certified Portfolio Director |  | Certified Senior Portfolio Manager |  |
| IPMA Level C® | | IPMA Level D® | |
| Certified Project Manager |  | Certified Project Management Associate |  |

Recertification (mark “X” as appropriate)

|  |  |  |  |
| --- | --- | --- | --- |
| IPMA Level A® | | IPMA Level B® | |
| Certified Project Director |  | Certified Senior Project Manager |  |
| Certified Programme Director |  | Certified Senior Programme Manager |  |
| Certified Portfolio Director |  | Certified Senior Portfolio Manager |  |
| IPMA Level C® | | IPMA Level D® | |
| Certified Project Manager |  | Certified Project Management Associate |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Certificate Num. |  | Expiry date |  |
| Issued by (1) |  | | |

(1) Name and country of the certification body

**Application verified by:**

|  |  |
| --- | --- |
| Name |  |
| Date |  |
| Signature |  |

Identification of Applicant

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

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 |
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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 *(ICR4 8.3.3)*

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 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project, Programme or Portfolio | | | Type | Workload (% Duration) | | | | |
| PF | PG | PM | TL | Other |
| Name |  | |  |  |  |  |  |  |
| Applicant role |  | |
|  | | | | | | | | |
| Project or Programme end date or term of Portfolio responsibility (YYYY-MM) | | | | |  | | | |
| Project or Programme duration or Portfolio responsibility duration (MM) | | | | |  | | | |
| Total team effort, including contracted resources (FTE) | | | | |  | | | |
| Budget in thousands of [enter currency unit used by CB] | | | | |  | | | |
| Referees for this Project, Programme or Portfolio | | | | | | | | |
| Name: | | | | | | | | |
| Position: | | | | | | | | |
| e-mail: | | | | | | | | |
| Telephone / mobile: | | | | | | | | |
| Brief description (max. 5 lines) | | Include in Executive Summary | | | | | |  |
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| Comments | | | | | | | | |
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Other Professional Activities

(Related to Project / Programme / Portfolio Management)

Consultancy leaded 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 |
|  |  |  |  |  |  |
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Education delivered by the Applicant

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| University / College / Institute | Lecture Designation | Lecturing Start date  (YY - MM) | Lecturing  End date  (YY - MM) | # Hours / Lecture | Aca-demic grade (\*) | Content author  (Yes / No ) |
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(\*) B – Bachelor; M – Master; P – Post-graduate; D – Doctorate

Other project, programme or portfolio activities performed by the Applicant

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| --- | --- | --- | --- |
| Employer | Activity | Start date  (YY - MM) | End date  (YY - MM) |
|  |  |  |  |
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Other referees (in addition to those mentioned in the list of projects, programmes and portfolios)

|  |  |
| --- | --- |
| Referee for: |  |
| Name: |  |
| Position: |  |
| e-mail: |  |
| Telephone / mobile: |  |
| Referee for: |  |
| Name: |  |
| Position: |  |
| e-mail: |  |
| Telephone / mobile: |  |

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 |
|  |  |  |  |  |  |  |
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Professional Certifications

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

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| --- | --- | --- | --- | --- | --- |
| Certification Body | Certificate name | # Hours  (a) | Certi-ficate Number | Expiry date | Competence Elements |
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(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 |
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Summary Statement on CPD

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| --- |
| 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 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_