



Get Trained. Get Certified. Get Recognized.

CM APPLICATION FORM

Congratulations on choosing to pursue Certified Manager (CM) certification. This application determines your eligibility to take the CM certification exams by assessing points in two areas: education and experience. Applications are reviewed on a continuous basis and applicants are notified of eligibility by mail or e-mail within 5-7 business days following receipt of an application. Eligible applicants have 15 months from the date of approval to successfully complete the three CM certification exams.

Application Instructions

1. Fill in all application blanks and the order form provided.
2. Assemble supporting documentation outlined in Section II to verify education and experience.
3. Prepare payment in US funds by check, US money order, or credit card (Visa or MasterCard).
4. Mail or fax the application, documentation, and payment to ICPM as follows:

| Postal Service (Mail) | | UPS, DHL or FedEx (Delivery) | |
|--|--------------------------|--|--------------------------|
| Institute of Certified Professional Managers | | Institute of Certified Professional Managers | |
| James Madison University, MSC 5504 | | 1598 S. Main Street | |
| Harrisonburg, VA 22807 | | Harrisonburg, VA 22801 | |
| PH: 800-568-4120 | FAX: 540-801-8650 | PH: 800-568-4120 | FAX: 540-801-8650 |

I. Personal Information (Please Print Clearly)

Last Name: _____ First Name: _____ Mid Name: _____

Home Address: _____ Prefix (Mr, Ms, Mrs, Dr) _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ Cell Phone: _____ Country: _____

Employer: _____ Industry: _____

Business Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Business Phone: _____ Business FAX: _____ Country: _____

Preferred Mailing Address: Home Work Email Address: _____

If you are a member of NMA . . . The Leadership Development Organization, Chapter # _____

How did you hear about the CM Program? NMA Internet Search College Referral
 Employer ICPM website Trainer Other

Which certification are you pursuing? Certified Manager (CM) Certified Manager of Animal Resources (CMAR)

Name, as you wish it to appear on your certificate: _____

Order Form

| Item: | U.S. Price ¹ | International Price ¹ | Amount |
|--|-------------------------|----------------------------------|--------|
| Bundle | \$645 | \$690 | \$ |
| Modules: | | | |
| Management Skills I: Foundations of Management | \$230 | \$250 | \$ |
| Management Skills II: Planning and Organizing | \$230 | \$250 | \$ |
| Management Skills III: Leading and Controlling | \$230 | \$250 | \$ |
| Sales Tax – <u>VA Residents Only</u> : add \$5 per module or \$15 per bundle | | | \$ |
| Shipping (from table below or call for quote) | | | \$ |
| Total Due | | | \$ |

U.S. Shipping and Handling Charges ²

| Item: | Charge: |
|-----------|---------|
| 1 Bundle | \$20 |
| 1 Module | \$12 |
| 2 Modules | \$16 |

¹ Residents of any state or territory of the USA and members of the US Military should pay U.S. prices. All others should pay International prices.

² UPS Ground shipment to any address in the continental USA. Please call for shipping rates to Hawaii and Alaska. Please call for Expedited or International rates.

Payment Method: Please select a form of payment below

- Check enclosed, made payable to ICPM
 Bill Company: Purchase Order # _____ Accts Payable Phone #: _____
 Prepaid (order will be held for verification) Payee name _____

Charge to:

- Visa MasterCard American Express

Card # _____

Expiration date: ____/____

Security Code (as shown at right): _____

Billing ZIP or Postal Code: _____

Name on card: _____

Signature: _____



Shipping Address: Please provide a street address - UPS does not ship to P.O. Boxes.

Name _____

Company Name (if shipping to company) _____

Street Address _____

City _____ State _____ Zip/Postal Code _____

Country (If outside USA): _____ Phone _____