

## Cert.APM Exam Application

Applicant Name:	
Exam Date:	
Exam Location:	

Mailing Address:	
Mailing Address 2:	
City, Province:	
Postal Code:	
Telephone (Home):	
Email:	

To qualify to write the Cert.APM exam, you need to have prior project management knowledge. Please check which of the following qualifications you already have::	
Academic Degrees:	<input type="checkbox"/> Undergraduate Degree in Project Management <input type="checkbox"/> Undergraduate Degree in Engineering Management <input type="checkbox"/> MBA (with Project Management major) <input type="checkbox"/> Masters Degree in Project Management
Training Certificates:	<input type="checkbox"/> University or College Post-graduate Certificate in Project Management <input type="checkbox"/> Certificate in Project Management from an employer (specify: _____) <input type="checkbox"/> Certificate in Project Management from a training company (specify: _____)
PM Certifications:	<input type="checkbox"/> Certified Associate Project Manager (IPMA Level D) <input type="checkbox"/> Certified Project Manager (IPMA Level C) <input type="checkbox"/> Certified Senior Project Manager (IPMA Level B) <input type="checkbox"/> Certified Projects Director (IPMA Level A) <input type="checkbox"/> PMI's Project Management Professional (PMP) <input type="checkbox"/> PMI's Certified Associate Project Manager (CAPM) <input type="checkbox"/> PMI's Program Management Professional (PgMP) <input type="checkbox"/> CompTIA's IT Project Management Plus <input type="checkbox"/> PRINCE2 Foundation <input type="checkbox"/> PRINCE2 Practitioner
PM Experience:	<input type="checkbox"/> Project Management Experience (in years) _____ <input type="checkbox"/> Program/Portfolio Management Experience _____

By signing below, I hereby certify that the above information is correct. I understand that PMAC-AMPC may verify that the information is accurate and that errors in this information may lead to the association declining this application.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date