



Certified Professional in Supply Management® Application for Recertification



For use with applications beginning November 15, 2011.

Recertification Requirements

Individuals who have earned their CPSM® designation are required to be recertified every three years. To be recertified, applicants must earn 60 Continuing Education Hours (CEHs) **during** their current certificate period. At least two-thirds of the points must be educational in nature. One-third may be earned in the professional contributions category. Please submit your application for recertification **no earlier** than 120 days prior to the expiration date on your current certificate.

CEHs may be earned in the following categories:

1. College Courses (Taken or Taught)
2. Continuing Education (Taken or Taught)
3. Contributions to the Profession
4. ISM Examinations

Note: Applications must be complete and all documentation must be submitted in English.

Lifetime status is not offered for the CPSM® designation.

ISM administers the program for the profession and the public. Membership in ISM is not a requirement to earn or retain the CPSM®.

Regular or Rush Processing

Regular Service — You will receive either a letter of congratulations and CPSM® certificate or a request for additional information approximately four to six weeks after ISM receives your application.

Rush Service — Within two working days of receiving your application, a telephone call or e-mail will advise you of the status of your application. A letter of congratulations and CPSM® certificate are mailed within six business days after approval of the application. Mark rush service on the application form and include both fees.

Questions

For answers to the most frequently asked questions (FAQs), visit us online at www.ism.ws, select Professional Credentials.

E-Mail: certification@ism.ws

Write: ISM, Attn: Professional Credentials Department
P.O. Box 22160
Tempe, AZ 85285-2160
USA

Application Checklist

- APPLICATION FEES and SIGNATURE — Have you included the required application fee and additional fees, if any? Did you read the ethics statement and sign the application?
- CONTINUING EDUCATION — Is a copy of a transcript included? Did you include the appropriate documentation for each program/course attended?
- EXAMINATIONS (if applicable) — Are copies of test score reports attached?
- DOCUMENT RETENTION — Did you make copies of all documents submitted? ISM will not return documents sent with applications.

For use with applications beginning November 15, 2011.

Application must be completed and signed to avoid delays in processing. Please print using blue or black ink.

APPLICATION FOR:

- Recertification
 Dr. Mr. Mrs. Ms. Miss

How should your name appear on the certificate?

First/Given _____

Middle _____

Last/Sur/Family _____

Submit documentation of a name change.

DATE OF BIRTH _____

EMPLOYMENT INFORMATION:

Organization Name _____

Title _____

Address _____

Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Telephone* _____

Facsimile* _____

E-Mail Address _____

*For phone numbers outside of the United States and Canada, please include country and city codes.

- Check enclosed VISA MasterCard American Express Diners Club

Card # _____ Exp. Date ____/____/____

FEES (please check all appropriate boxes):

- | | |
|--|---------|
| <input type="checkbox"/> ISM Regular, Direct or CAPPO | US\$69 |
| <input type="checkbox"/> Nonmember (includes Associate members) | US\$99 |
| <input type="checkbox"/> Rush Service Fee (add to above) | US\$75 |
| <input type="checkbox"/> International Shipping Surcharge
(All applicants outside of the U.S. and Canada) | US\$100 |

OR provide your shipping account #

_____ UPS FedEx DHL

ISM ID No. (if known): _____

HOME MAILING ADDRESS:

Address _____

Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Telephone _____ Unlisted

MAIL MY CERTIFICATE TO (check one):

(Note: If mailing preference is not specified, your CPSM® certificate will be mailed to your home address.)

- Employer Home
 ISM Affiliate (include affiliate name, if checked)

Ethics Statement:

I hereby certify that the information submitted on or with this form is true and accurate to the best of my knowledge. I expressly agree and understand that certification may be denied or revoked, or the Exam scores may be invalidated or withheld by the Professional Credentials Committee of ISM (the "Committee") in the event that the Committee determines that (A) an individual has (i) falsified or misrepresented information on the registration form or information provided is in error; including documentation of continuing education hours for recertification; (ii) participated in an unauthorized disclosure of Exam questions, information or materials; (iii) plagiarized questions and/or answers on the Exam; (iv) mailed, received, relayed in any fashion, or used copies of the Exam materials, questions, or answers without authorization from ISM; (v) retained the Exam materials after the examination; (vi) engaged in cheating or other misconduct or unprofessional behavior with respect to taking, administering, or preparation for the Exam; or (vii) failed to adhere to the Principles and Standards of Ethical Supply Management Conduct, or (B) (i) there is a testing irregularity with respect

to the Exam; (ii) there is a reason to question the Exam score's validity; or (iii) that the Exam score was the result of unusual or questionable circumstances.

I agree to abide by the ISM Principles and Standards of Ethical Supply Management Conduct, whether or not I am a member of ISM. I grant ISM permission to make any and all inquiries, which are necessary to evaluate my credentials for certification or recertification/reaccreditation and agree to respond to requests for information related to any of the above. I further authorize ISM to publish (via e-mail, website, or print) information about my certification and to make any and all inquiries, investigations, or other communications, which may be necessary for the Committee to grant, deny or revoke certification, or to invalidate or withhold examination scores. I agree to be bound by the terms and conditions set forth herein and by any and all policies and procedures of ISM applicable to the Professional Credentials Program or the Exam as may be amended from time to time.

Signature _____ Date _____

ISM Use Only

Approved Date ____/____/____ Reg. No. _____ Orig. Date _____ Exp. Date _____ DE _____

Contributions to the Profession

Individuals who hold office in ISM may claim CEHs in this section. Each annual job assignment as an officer, director, group chair or chair of a committee, other than social or recreational, for an ISM affiliate earns seven continuing education hours. At the discretion of the ISM affiliate leadership, CEHs may be awarded to all deserving volunteers, whether or not they are chairpersons, officers or directors.

ISM members are eligible for 1 CEH per each year of active ISM membership during the current certification period.

Documentation consists of a completed Service Award form or a letter from an appropriate officer certifying the organization, position and dates the office was held.

Organization	Position	Dates	CEHs

TOTAL Hours _____

Examination Scores

You may have **retaken** a CPSM® Exam*. Passing any of CPSM® Exams is worth 20 CEHs*. You may have taken the CPSD™ Exam. Passing the CPSD™ Exam is worth 20 CEHs. Please mark the testing method — computer or written. Provide the date (month/year) you passed, the city where you tested, and your score report. You are responsible for providing the official score report received after testing.

TOTAL Hours _____

CPSM®	<input type="checkbox"/> Exam 1	<input type="checkbox"/> computer	<input type="checkbox"/> Paper — Location _____	Date Taken: _____
	<input type="checkbox"/> Exam 2	<input type="checkbox"/> computer	<input type="checkbox"/> Paper — Location _____	Date Taken: _____
	<input type="checkbox"/> Exam 3	<input type="checkbox"/> computer	<input type="checkbox"/> Paper — Location _____	Date Taken: _____
	<input type="checkbox"/> Bridge	<input type="checkbox"/> computer	<input type="checkbox"/> Paper — Location _____	Date Taken: _____
CPSD™	<input type="checkbox"/> Exam 1	<input type="checkbox"/> computer	<input type="checkbox"/> Paper — Location _____	Date Taken: _____

* NOTE: CPSM® Exam may only be retaken during the last year of CPSM® Certification or in the one year grace period following certification expiration.

Comments

Use this section to include comments and additional information related to this application.

Total Continuing Education Hours (CEHs) to Be Claimed

College Courses	hours	ISM Use Only
Continuing Education	hours	
Contributions to the Profession	hours	
CPSM® Examination	hours	
CPSD™ Examination	hours	
Grand Total	hours	

Appeals Process

Applicants may appeal decisions related to their application. Appeals must be submitted no more than 90 days after the application's date of rejection. Mail written requests with your complete application package to:

ISM, Professional Credentials Program
P.O. Box 22160
Tempe, AZ 85285-2160

ISM will make a final written decision based on existing policy.

Documentation

Please DO NOT submit photocopies of your completed application. ISM requires your original application, typed or printed in blue or black ink.

Reinstatement Requirements

Certificate lapsed less than one year from the postmarked date of your application:

Reinstatement process: Complete and sign a Recertification application documenting the required Continuing Education Hours earned.

Certificate Dates: Dates will appear on the certificate as if the recertification had been completed prior to the expiration of your previous certificate.

Certificate lapsed more than one year from the postmarked date of your application:

Pass all three exams required for the CPSM®. Complete and sign only the front portion of the CPSM® Original Certification Application and include (i) copy of your official score reports and (ii) the year you were first certified.

Certificate Dates: Dates will appear on the certificate as if the recertification had been completed prior to the expiration of your previous certificate.

Please submit all documentation with the application form. DO NOT MAIL SEPARATELY.

Mail the application, documents and all fees to:

If using U.S. Postal Service
(includes Express Mail,
Certified Mail, Registered Mail)

ISM CPSM® Program
P.O. Box 22160
Tempe, AZ 85285-2160
USA

If using an independent carrier
(recommended for Rush Service)

ISM CPSM® Program
2055 E. Centennial Circle
Tempe, AZ 85284
USA

Not a member? Save US\$30 on your application fee when you become a member of ISM. Call ISM Customer Service at 800/888-6276 or +1 480/752-6276, option 8, to receive a membership application or apply online at www.ism.ws. Members of ISM are eligible for a full range of benefits including a subscription to *Inside Supply Management*® magazine.