



Certified Professional in Supply Management® Application for Original Certification



For use with applications beginning November 15, 2011.

Original Certification Requirements

Applicants for Original CPSM® certification must pass all three CPSM® Exams. In addition, applicants must have a bachelor's degree from a regionally accredited institution (or international equivalent) and three years of full-time professional supply management experience – nonclerical, nonsupport. C.P.M.s in good standing may take the Bridge Exam to fulfill the exam requirements for the CPSM®.

Once a candidate is certified, he or she must be recertified every three years with 60 Continuing Education Hours (CEHs).

ISM administers the program for the profession and the public. Membership in ISM is not a requirement to earn or retain the CPSM®. Questions about the benefits of membership should be directed to ISM Customer Service at 800/888-6276 or +1 480/752-6276, option 8.

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 — Mark "**Rush Service**" on the application form and include both application and rush service fees. 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 ten business days after approval of the application.

Submission Information

ISM requires your original application, typed or printed in blue or black ink. Applications must be complete and signed to avoid delays in processing. Applications and all documentation must be submitted in English. Please DO NOT submit photocopies of your completed application.

Application Checklist

- APPLICATION FEES and SIGNATURE — Have you included the required application fee and additional fees, if any? If you are not an ISM member, but claimed membership in CAPPO, did you include evidence of your membership? Did you read the ethics statement and sign the application?
- EXAMINATIONS — Are copies of your official score reports attached?
- EXPERIENCE — Did you include a letter from each employer? Are letters on original letterhead? Are job titles and job duties clearly defined? Are the beginning and ending dates for each job title included? To see samples of work experience documentation, visit our Web site at www.ism.ws; select Professional Credentials, then Certification Forms, and then Work Experience Documentation.
- BACHELOR'S DEGREE — Is a copy of a transcript or diploma included?
- DOCUMENT RETENTION — Did you make copies of all documents submitted? ISM will not return documents sent with applications.

Questions

For answers to the most frequently asked questions (FAQs): Visit us online at www.ism.ws; select Professional Credentials. Call: ISM Professional Credentials at 800/888-6276 or +1 480/752-6276

E-Mail: certification@ism.ws

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

Reinstatement Requirements

- Certificate lapsed less than one year on the postmarked date of your application.
Reinstatement process: Complete and sign a Recertification application documenting the required Continuing Education Hours earned.
- Certificate lapsed more than one year on the postmarked date of your application.
Reinstatement process: Pass all three exams required for the CPSM®. Complete and sign only the front portion of the Original application and include (i) a copy of your official score reports and (ii) the year you were first certified.
- C.P.M.s in good standing who wish to reinstate their CPSM® can take the Bridge Exam in lieu of the three CPSM® Exams. The last day to register for the Bridge Exam will be December 31, 2014.
- **Certificate Dates:** Dates will appear on the certificate as if the recertification had been completed prior to the expiration of your previous certificate.



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Please print in blue or black ink.

APPLICATION FOR:

Original Certification Reinstatement (lapsed more than one year)

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 _____

D&B® D-U-N-S® Number _____

Title _____

Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Telephone* _____

Fax* _____

E-Mail Address _____

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

FEES (please check all appropriate boxes):

ISM Member US\$99
(Regular, Direct National or CAPPO)

Nonmember US\$159
(includes Associate members)

International Shipping Surcharge US\$100
(All applicants outside of the U.S. and Canada)

OR provide your shipping account # _____
 UPS FedEx DHL

Rush Service Fee (additional amount) US\$75

Check enclosed VISA MasterCard American Express Diners Club

Card # _____ Exp. Date ____/____/____

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

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. International certificates will be sent to your business address.)

Business Home

ISM Affiliate (include affiliate name, if checked)

PLEASE NOTIFY MY EMPLOYER (list one person only):

Dr. Mr. Mrs. Ms. Miss

Name _____

Is the person a CPSM®? Yes No

Is the person a CSM™? Yes No

Is the person a CPSD™? Yes No

Is the person a C.P.M.? Yes No

Is the person an A.P.P.? Yes No

Title _____

Address _____

Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Telephone _____

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 _____

Please submit all material with this application.
DO NOT MAIL MATERIAL SEPARATELY.
You may attach additional sheets for any section if needed.

CPSM® Examination

Please mark the testing method — computer or written. Provide the date (month/year) you passed each exam, and include the score report for each exam passed. You are responsible for providing a copy of the official score report received after testing.

Only exams passed within four years of the postmarked date of the application can be used toward the CPSM® certification.

EXAM 1	<input type="checkbox"/> computer	<input type="checkbox"/> written	date passed: _____	location: _____
EXAM 2	<input type="checkbox"/> computer	<input type="checkbox"/> written	date passed: _____	location: _____
EXAM 3	<input type="checkbox"/> computer	<input type="checkbox"/> written	date passed: _____	location: _____
CPSM® BRIDGE*	<input type="checkbox"/> computer	<input type="checkbox"/> written	date passed: _____	location: _____

** Note: A candidate's C.P.M. certification must be valid when taking the Bridge Exam and when submitting their application for CPSM® certification.*

Experience

A minimum of three (3) years of full-time professional (nonclerical, nonsupport) supply management experience is required. Professional supply management experience may be in procurement, materials management, logistics, strategic sourcing and other areas within the ISM defined components of supply management. ISM does not require that candidates work in all areas of supply management or that a candidate be in a management position. Professional experience is usually evident in positions with decision-making authority where independent judgment is exercised. Please submit one letter per employer, on original organization letterhead, from a supervisor or human resources department verifying and describing all job titles and dates (month and year) of employment being claimed. Credit is not given for less than six months in a position; however, movement from job to job without significant time interruption is treated as continuous experience. Experience is awarded for primary year-round supply management employment only. No experience credit is awarded for internships. For examples of work experience documentation, visit www.ism.ws; select Professional Credentials, then Certification Forms.

Note: Résumés and business cards do not meet the documentation requirements for experience.

Please Complete This Section (if you need more space, please attach additional pages)

	No. of yrs.
Employer _____ from mo./yr. _____ to mo./yr. _____	_____
Employer _____ from mo./yr. _____ to mo./yr. _____	_____
Employer _____ from mo./yr. _____ to mo./yr. _____	_____
Employer _____ from mo./yr. _____ to mo./yr. _____	_____
Total Years	_____

Degree

A bachelor's degree from a regionally accredited institution (or international equivalent) is required. A copy of your diploma or transcript is acceptable documentation for this category. ISM reserves the right to request validation of your school's accreditation status at the time your degree was earned.

For degrees earned outside the United States, ISM is reviewing many international Ministry of Education university listings and is beginning to give general approval. ISM will continually review and update the list of approved universities on the Professional Credentials section of the ISM Web site. ISM reserves the right to require further evaluation of your degree. Please contact ISM Professional Credentials at certification@ism.ws if you have any additional questions.

Degree _____

Institution and Location _____

Graduation Date _____

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, USA

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

PLEASE SUBMIT ALL DOCUMENTATION WITH APPLICATION: DO NOT MAIL SEPARATELY

Mail the application, documents and all fees to:

If using U.S. Postal Service
(includes Express Mail, Certified Mail and 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\$60 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 receive a full range of benefits including a subscription to Inside Supply Management® magazine featuring the Manufacturing and Non-Manufacturing ISM Report On Business® and unlimited access to ISM's expansive Web site — www.ism.ws.



ISM is a member of the
International Federation of
Purchasing and Supply
Management (IFPSM)