

## Work Experience Evaluation Request (Optional)

I authorize ISM to make any and all inquiries about the work experience documentation I am submitting for review for applicability to ISM's professional credentialing programs.

I understand that ISM does not allow candidates to self-validate work experience and that resumes and business cards are not accepted as documentation of titles or responsibilities.

I understand that if I am submitting documentation from a family owned business that it must be a legal entity to be considered and that I must also submit documentation from two external corroborating sources.

I acknowledge that for the CPSM<sup>®</sup>, ISM only accepts full-time professional (non-clerical, non-support) supply management experience and that ISM only considers candidates to have one full-time position at a time. Experience of less than 6 months unless contiguous with other acceptable experience will not be approved. ISM does not consider internships to be full-time professional work experience.

I acknowledge that for the CPSD<sup>™</sup>, ISM accepts full-time professional (non-clerical, non-support) experience where at least a component of the job is supply management or supplier diversity. Experience of less than 6 months unless contiguous with other acceptable experience will not be approved. ISM does not consider internships to be full-time professional work experience.

I understand that submitting false documentation for the purpose of this evaluation or original designation or recertification may result in my disqualification for ISM's designations.

I understand that the fee to review my documentation is US\$25.00 and that this charge will not be refunded if my experience is not accepted. I understand that work experience documents will not be returned to me. I also acknowledge that ISM will process this request within 4 weeks of receipt at their office.

\_\_\_\_\_  
Signature

CPSM<sup>®</sup>       CPSD<sup>™</sup>

\_\_\_\_\_  
First/Given Name

\_\_\_\_\_  
Last/Family Name

ISM ID number (if known): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Home Mailing Address:  
\_\_\_\_\_

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

I would like my evaluation (choose one):    \_\_\_\_\_ emailed    \_\_\_\_\_ mailed

**Processing Fee: \$25.00 USD - FORM OF PAYMENT (pre-payment is required):**

\_\_\_ Visa \_\_\_ Master Card \_\_\_ American Express \_\_\_ Diner's Club \_\_\_ Check

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL ORIGINAL DOCUMENTS MUST BE MAILED TO ISM WITH THIS FORM**

Mail request to:  
ISM – Certification Department  
2055 East Centennial Circle  
Tempe, AZ 85284