

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[®], 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[™], 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[®] ☐ CPSD[™]

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