



CCPC GLOBAL™

Certifying Your Future

Canadian Council of Professional Certification

CCPC Head Office

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APPLICATION FORM

APPLYING FOR:	___ CPM	
NAME	Surname	First Name
TELEPHONE	Home	Business
E-MAIL	Home	Business
HOME ADDRESS	Street	City
	Province	Postal Code
BUSINESS ADDRESS	Name	
ADDRESS	Street	City
	Province	Postal Code

FORMAL EDUCATION

State highest level obtained and year of graduation and any degrees/diplomas obtained.

Year	Level	Institution

SPECIFIC EDUCATION

List all professional degrees or education as required for certification:

CPM – requires 800 hours of education

Degree/Credential	Institution	Number of Hours



WORK EXPERIENCE	
Present Position Title	Length of Time in this position
Type of Business	Number of employees supervised/managed

PREVIOUS EXPERIENCE				
List most recent positions and experience as it relates to the certification you are requesting.				
Dates	Employer	Title	Job Description	Number of Management Hours
				Total

Use separate sheet if necessary.

If you are currently enrolled in further education, please complete the following

Name of University, College or Institution	
Faculty/Department:	Web Site Address:
Course(s)	

RELATED DATA
<i>Please provide data on any other position held or experience gained which is considered necessary to establish the grade of certification to which you are entitled. Examples are: Consulting, lecturing, Voluntary Offices held, Management, Technical or Scientific Papers printed or presented. (Add additional pages if required.)</i>



Please initial:

_____ Yes. I have read and will adhere to the Professional Responsibilities as outlined and to the Code of Ethics.

Please indicate where you received training/education related to the following core competency areas:

Economics _____

Information, Communication & Technology _____

Business Management _____

Statistical Methods for Business _____

Principles of Finance _____

Business Marketing _____

Entrepreneurship _____

Advanced Management Practice _____

Managing People/Staff Development) _____

Human Resource Management _____

Management Decision Making _____

Organizational Behaviour _____

Operations Management _____

Business Policy & Strategic Management _____

Organizational Development & Change _____

Leadership Skills _____

Comments:

Signature

Date

Any information provided on this application is for use of the CCPC for certification purposes only. This application must be accompanied by the appropriate forms and registration fee. Please make cheque or money order payable to the CCPC. Do not send cash. A receipt will be issued upon receipt of payment. Please advise us of a change of address.

To pay by Credit Card, complete the following:

Credit Card Type: _____ Visa _____ Master Card _____ American Express

Card #: _____ **Expiry:** _____

Name on Card: _____ **(Pls print)**

Authorizing Signature: _____