



IPMA-Canada's International Certification Program IPMA-EX Application Form

I am currently a member in good standing with IPMA-Canada with the certification of IPMA-ACP

1. APPLICANT INFORMATION

Please print clearly or type information if not completing on-line.

Dr. Mr. Ms. Miss. Mrs. Mail Certificate/Correspondence to:

Last Name: _____ Please check one Home Address

First Name: _____ Initial: _____ or Business Address

Job Title: _____ Certificate in: English

Organization: _____ or French

Address: _____ Residence: _____

City: _____ Address: _____

Prov./Terr.: _____ Postal Code: _____ City: _____

Telephone: _____ Prov./Terr.: _____ Postal Code: _____

Fax Number: _____ **Name as it is to appear on Certificate:**

Email Address: _____ _____

FOR IPMA-CANADA USE ONLY

Reg. Number ____ Region Code ____ Appl. Rcpt. _____ Appl. Rev. _____ Region Appeal _____
mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

National Appeal Applic. Accept Applic. Proc.

mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy

Authorized by: _____

Signature: _____

Date: _____
mm/dd/yyyy

5. PROFESSIONAL MEMBERSHIPS/AWARDS

Please list membership in HR management/professional organizations and leadership positions held.

Please list professional recognition/awards received.

6. PROFESSIONAL DESIGNATIONS HELD

Please list professional designations received from other human resources or management organizations. Please note whether your designation is still current.

Designation	Date Awarded	Current?	
		Yes	No
<hr/>	<hr/> mm/dd/yyyy	Yes	No
<hr/>	<hr/> mm/dd/yyyy	Yes	No
<hr/>	<hr/> mm/dd/yyyy	Yes	No

7. PUBLICATIONS

Please list any articles, monographs, papers, or books you have published on human resource or management topics.

8. CERTIFICATION PROGRAM PAYMENT INFORMATION

The application fee for the IPMA-EX Designation is \$125.00 + GST/HST

I am an IPMA-Canada member. My membership ID # is: _____

Cheque for: _____ is enclosed, payable to IPMA-Canada

Payment made via PayPal Date payment submitted: _____

Please charge: _____ to my: VISA Mastercard

Credit Card #: _____ Expiration date: _____

Signature (required): _____

I declare that all of the information contained on this form is accurate. I give the International Personnel Management Association-Canada permission to verify the information contained in this application. I understand that if any of the information contained in this application is false, that IPMA-Canada has the right to reject my application.

Signature: _____ Date: _____

Scan and email this form to: national@ipmaigp.ca

Mail this form to: IPMA-Canada • 20 Edwards Place, • Mount Pearl, NL, A1N 3V5

For additional information: phone us at 1-888-226-5002

If your application is rejected for any reason, you will receive a refund of your application fee less a \$25 processing fee.

Thank you for your interest in the IPMA-EX Certification.

Please make sure that you have included the following material/documentation:

- Completed Application form
- Transcript of marks (if applicable)
- Résumé (in support of Section 4, page 2)
- Copy of most recent position descriptions if available (in support of Section 4, page 2)
- Cheque or credit card information if not using PayPal