



**EARNED VALUE MANAGEMENT PROFESSIONAL® EVMP®
CREDENTIAL CERTIFICATION REGISTRATION FORM**

FAX COMPLETED APPLICATION & RESUME TO: 703.485.4141; MAIL PAYMENT & SIGNED

APPLICATION TO: EARNED VALUE MANAGEMENT INSTITUTE, P.O BOX 1965 LEESBURG VA

***NOTE: EVMI will send your registration confirmation via email upon receipt of full payment

Step 1: Student Information	Please complete all fields:
(Your name is exactly what appears on your certificate) * First Name:	
(Your name is exactly what appears on your certificate) * Middle Name:	
(Your name is exactly what appears on your certificate) * Last Name:	
* Job Title:	
* Organization:	
* Mailing Address:	
* City:	
* State:	
* Zip Code:	
* Country (If Outside the USA):	
* Work Telephone Number	
* Permanent Telephone Number	
* FAX Number:	
* PERMANENT EMAIL ADDRESS:	
* What is your highest level of education?	
* How did you hear about the EVMP® Program?	
* Was the www.evmi.com website useful?	
* Resume Is Required. Have You Included Your Resume?	

Step 2: Course Information	
For course locations, visit: http://www.evmi.com/certification_evmp_registerevmpcertification.html	
Course name:	Earned Value Management Professional® EVMP® Certification Program
Date:	
Location: Select One Location Only	

*Permanent email is where we can reach you in case you change jobs. Such as with a @gmail.com, @hotmail.com etc extension

