



**EVM I[®] CREDENTIALS PDU ACTIVITY
REPORTING FORM**

FAX COMPLETED FORM TO: 703.485.4141; OR MAIL TO:

EARNED VALUE MANAGEMENT INSTITUTE, P.O BOX 1965 LEESBURG VA, USA

Section 1: CONTACT INFORMATION	Please complete all fields:
(Your Credential Number As Appears on your credential certification) *CREDENTIAL NUMBER:	
(Last 4 digits of Your SSN (For USA Credential Holder Only) *LAST 4 Digits of Your SSN:	
(Your name is exactly what appears on your credential) *First Name:	
(Your name is exactly what appears on your credential) *Middle Name:	
(Your name is exactly what appears on your credential) *Last Name:	
*Job Title:	
*Mailing Address:	
*City:	
*State:	
*Zip Code:	
*Country (If Outside the USA):	
*Work Telephone Number	
*Permanent Telephone Number	
*FAX Number:	
*PERMANENT EMAIL ADDRESS: <small>*Permanent email is where we can reach you in case you change jobs. Such as with a @gmail.com, @hotmail.com etc extension</small>	

Section 2: EVM I[®] CREDENTIAL INFORMATION	
Select the EVM I [®] Credential In Which You Are Reporting Completed PDU Activities	
<input type="checkbox"/>	Certified Associate in Earned Value Management[™] CAEVM[™] Credential
<input type="checkbox"/>	Earned Value Management Professional[®] EVMP[®] Credential
<input type="checkbox"/>	Chief Earned Value Officer[®] CEVO[®] Credential



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** Approved PDUs are listed at: <http://www.evmi.com/PDUs.html>
You can only report completed PDUs and not anticipated ones

Section 3: PDU ACTIVITY INFORMATION:

PROVIDER NAME:

ADDRESS:

DATE(S) TAKEN:

ACTIVITY DESCRIPTION:

NUMBER OF PDUs:

	Outstanding		Average			Poor	
	7	6	5	4	3	2	1
The Activity Met All Its Stated Objectives:							

Section 3 (cont'd): PDU ACTIVITY INFORMATION

PROVIDER NAME:

ADDRESS:

DATE(S) TAKEN:

ACTIVITY DESCRIPTION:

NUMBER OF PDUs:

	Outstanding		Average			Poor	
	7	6	5	4	3	2	1
The Activity Met All Its Stated Objectives:							



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The Activity Met All Its Stated Objectives:							

**Make Additional Copies of the PDU Activity Information form on Page 2 if needed

Section 4: SIGNATURE:

By appending my signature to this form, I attest that all information that I have provided is true and accurate, and that any misrepresentation or misleading information may result in disciplinary action and can serve as grounds for revocation or suspension of my EVM I certification credential

Signature:

Date:

Name in full:

ALL FORMS MUST BE COMPLETED, SIGNED AND DATED