RQMP®

RISK & QUALITY MANAGEMENT PROFESSIONAL® CERTIFICATION - Application Form

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	Step 1: Participant Information	Please complete all fields:
1	Please select & mark with X. **SEX: Male** ☐ **Female** ☐	Mr. ☐ Ms. ☐ Mrs. ☐ Dr. ☐ Prof. ☐
2	***Date Of Birth:* DAY/MONTH/YEAR**	
3	Your name is exactly what will appear on your certification ***First Name:**	
4	Your name is exactly what will appear on your certification ***Middle Name:**	
5	Your name is exactly what will appear on your certification ***Last Name:**	
6	*** Title/Position:**	
7	***Organization:**	
8	***Mailing Address:**	
9	***City:**	
10	***State:**	***Zip Code:**
11	***Country (If Outside the USA):**	
12	***Work Telephone Number (include country code if outside USA)**	
13	***Permanent Telephone Number**	
14	***WORK EMAIL ADDRESS**	
15	***PERMANENT EMAIL ADDRESS (Needed in case you change jobs. Example: abc@gmail.com, 123@yahoo.com)**	
16	***What is your highest level of education?**	
17	**Have You Included Your Current Resume/CV and 2 Passport sized Pictures (Front face) As Required?**	
18	***Was the www.evmi.com/rqmp website useful?**	
19	***How did you hear about the RQMP® Program? or who you were referred by (Please provide full name)**	

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Step 2: Course Information

For course locations, visit: http://www.evmi.com/rqmp	
Course name:	**RQMP® Risk & Quality Management Professional® Certification program**
Date:	
*Location (Address): (Please select Location where class will be conducted)	

* BEGINNING 1 SEPTEMBER 2017, TRAINING REQUIRES A REGISTRATION OF **100** PARTICIPANTS PER EACH GROUP. YOUR ORGANIZATION MUST REGISTER **100** PARTICIPANTS BUT NOT LESS PER SESSION. TRAINING IS DELIVERED ONLINE OR AT CLIENT SITES

Step 3: Payment Information

Please complete your payment information below. Note that EVMI® must receive full payment for course(s) registered **7 Business Days** before the Start Of Class. An email confirmation will be sent to you upon receipt of full payment including further instructions. You must pay in full before start of class. Please there are no exceptions.

PLEASE CHECK PAYMENT METHOD:

PAYMENT VIA SHOPIFY ☐   **CORPORATE CHECK** ☐

PLEASE NOTE: ADDITIONAL INSTRUCTIONS WILL BE PROVIDED IN FINAL INVOICE REGARDING HOW TO MAKE PAYMENT BY CHECK OR VIA SHOPIFY. PLEASE NOTE THAT UPON RECEIPT OF FULL PAYMENT, YOUR SOFT COPY READ-AHEAD MATERIALS AND ADMISSION TICKETS WILL BE EMAILED TO REGISTERED PARTICIPANTS WHOSE FULL PAYMENTS HAVE BEEN RECEIVED.

Number of Registrant(s) _____ x $4,999(USD)=   TOTAL=_____

(Payment is in United States Dollars only)

Phone: 1.855.400.3864 | www.evmi.com
Email: certification@evmi.com
EVMI, 25 CATOCTIN CIRCLE SE #1965, LEESBURG, VA 20177 USA

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YOUR INDUSTRY: Please select **only one** industry in which you work:

Step 4: Select Your Industry

INDUSTRY	Yes/No	INDUSTRY	Yes/No
Aerospace & Defense		High Speed Rail & Railroads	
Agriculture		Hospitality & Tourism	
Airlines & Aviation		Housing & Real Estate	
Architecture		Industrial Machinery	
Banking		Information Technology	
Beverages		Insurance	
Bio-Technology		Manufacturing	
Chemicals		Management Consulting	
Computer Hardware		Materials	
Computer Networks & Communications		Medical Products	
Computer Software & Applications		Metals	
Consumer Goods & Services		Mining & Drilling	
Education Management		Oil & Gas	
Electronics & Electrical Equipment		Pharmaceuticals	
Energy & Nuclear Power		Pipelines	
Environmental Services		Printing & Publishing	
Farm Machinery		Retail	
Film, Motion Picture & Entertainment		Science & Life Sciences	
Financial Services & Securities		Shipping & Ship Building	
Food Products & Services		Space & Space Technology	
Forestry		Specialty Retailers	
General Merchandising		Sports & Sporting Goods	
Government		Telecommunications & Media	
Healthcare		Transportation & Logistics	
Heavy Construction		Utilities	

Write Your Industry here if not listed above: _____

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PAYMENT: Additional Instructions will be sent in your Final Invoice regarding Payment by Corporate Check/SHOPIFY

IDENTIFICATION FORMS REQUIRED: 2 official forms of **PICTURE** identification are required for the **RQMP® Risk & Quality Management Professional®certification program** and must be presented before the start of class. Accepted identifications can include military ID; Official country issued passport; Voters registration card; State issued ID; State issued Driver's License. Your identification must be current and you will not be allowed to sit for the class or exam if your identification has expired.

ATTENTION: All participants taking the **RQMP® Risk & Quality Management Professional®certification program program** via **online mode (virtual)** must download, complete and submit **EVMI®'s** Affidavit of Identity form which is located at: http://www.evmi.com/wp-content/uploads/2017/01/EVMI_Affidavit_of_Identity_Form-2.pdf

2 PASSPORT SIZED PICTURES REQUIRED: Two (2 x 2) soft copy versions of passport sized pictures taken **not more than 30 days** are required and must be sent with your application form

AIRLINE TICKET PURCHASE & HOTEL BOOKING: Please do not make non-refundable airline reservations and hotel arrangements unless you have received a confirmation e-mail.

EVMI®'s CANCELLATION POLICY: Substitutions or registration sharing are not permitted. If you cancel your registration more than two weeks prior to the course start date, your full tuition will be refunded less processing fee of **$250.** If you cancel less than two weeks prior to the course, you will be responsible for the full tuition and receive a transfer voucher. If you fail to attend the course without advanced notification, you will be responsible for full tuition.

EVMI®'s INTELLECTUAL PROPERTY POLICY: By registering for **RQMP® Risk & Quality Management Professional®certification program** you FULLY acknowledge that ALL of **EVMI®'s** training materials are protected by United States and international copyright laws. In addition, you agree not to use any content **RQMP® Risk & Quality Management Professional®certification program** for purposes of training and distribution of competing products or services. Please sign below to confirm that you fully agree with **EVMI®'s** intellectual property and cancellation policy. By signing this application, you fully agree that all information provided in the completion of this **RQMP® Risk & Quality Management Professional®certification program** application is true and accurate.

NAME IN FULL:
SIGNATURE: DATE:

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Reminder:

PLEASE FULLY COMPLETE, SCAN AND SEND THE FIRST FOUR PAGES, SIGNED AND DATED, AND INCLUDE YOUR MOST RECENT RESUME OR CURRICULUM VITAE (CV) WITH TWO SOFTCOPY SCANS OF YOUR 2 x 2 PASSPORT SIZED PICTURES IN .JPEG FORMAT OF YOUR FRONT FACE AND SEND VIA EMAIL TO certification@evmi.com **FOR PROCESSING. ALL ORGANIZATIONS MUST SEND EACH APPLICATION WITH PICTURES AND RESUMES IN SEPARATE FOLDERS TO AVOID CONFUSION OF PARTICIPANTS.**

IF YOU ARE ATTENDING CLASS IN PERSON AT OUR PUBLIC SITES, PLEASE BRING 2 FORMS OF IDENTIFICATION - Accepted identifications can include military ID; Official country issued passport; Voters registration card; State issued ID; State issued Driver's License. Your identification must be current and you will not be allowed to sit for the class or exam if your identification has expired.

IF YOU ARE TAKING THE CLASS ONLINE, COMPLETE AND INCLUDE THE SIGNED & COMPLETED EVMI®'s AFFIDAVIT OF IDENTITY FORM WHEN SENDING IN YOUR COMPLETED FORMS

PLEASE COMPLETE ALL STEPS 1, 2, 3, 4. THANKS