CPCP™ Certified Project Control Professional™
Credential Certification Program Registration Form

NOTE: SCAN YOUR SIGNED AND COMPLETED REGISTRATION FORM AND SEND ALONG WITH YOUR MOST RECENT CV/RESUME & 2 PASSPORT SIZED PICTURES TO: certification@evmi.com

Step 1: Student 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/cpcp website useful?**	
19	***How did you hear about the CPCP™ certification program? or please provide the full name of who you were referred by:**	

Ph: **1.855.400.3864 (toll free)** www.evmi.com/cpcp Email: certification@evmi.com
MAILING: Earned Value Management Institute, P.O BOX 1624 FRISCO TEXAS 75034 USA

NOTE: SCAN YOUR SIGNED AND COMPLETED REGISTRATION FORM AND SEND ALONG WITH YOUR MOST RECENT CV/RESUME & 2 PASSPORT SIZED PICTURES TO: certification@evmi.com

Step 2: Course Information

For course locations, visit: www.evmi.com/cpcp and view under the Registration, Payment and Schedule of Classes section

Course name:	CPCP™ Certified Project Control Professional™ Credential Certification Program (5 DAYS)
Date:	
*Location (Address): (Select Location where class will be conducted)	

Step 3: Payment Information

Please complete your payment information below. Note that EVMI® must receive full payment for course(s) registered **30 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:

CREDIT CARD VIA ONLINE SECURED STRIPE PAYMENT ☐

PLEASE NOTE FOR BANK WIRE TRANSFER PAYMENTS: ADDITIONAL INSTRUCTIONS WILL BE PROVIDED IN FINAL INVOICE REGARDING HOW TO MAKE BANK PAYMENT BY ELECTRONIC BANK WIRE TRANSFER IF THAT IS YOUR PAYMENT OPTION. **BANK WIRE TRANSFER IS ONLY FOR THOSE SENDING 100 OR MORE PARTICIPANTS**. UPON RECEIPT OF FULL PAYMENT, YOUR SOFT COPY READ-AHEAD MATERIALS & LECTURES WILL BE EMAILED ELECTRONICALLY TO ALL REGISTERED PARTICIPANTS WHOSE FULL PAYMENTS AND COMPLETED & SIGNED APPLICATION FORMS HAVE BEEN RECEIVED.

COST: Price of 1 (One) CPCP™ PARTICIPANT = $4,999.00

Number of Registrant(s) _____ x $4,999.00 =

TOTAL=_____

***ALL PAYMENTS ARE IN UNITED STATES DOLLARS

Ph: 1.855.400.3864 (toll free) www.evmi.com/cpcp Email: certification@evmi.com
MAILING: Earned Value Management Institute, P.O BOX 1624 FRISCO TEXAS 75034 USA

Page 2

NOTE: SCAN YOUR SIGNED AND COMPLETED REGISTRATION FORM AND SEND ALONG WITH YOUR YOUR MOST RECENT CV/RESUME & 2 PASSPORT SIZED PICTURES TO: certification@evmi.com

Step 4: Briefly Describe Your Current and Last Two Projects That You Worked (Include Duration)

CURRENT PROJECT 1:   FROM_____TO_____

PROJECT 2:   FROM_____TO_____

PROJECT 3:   FROM_____TO_____

Ph: **1.855.400.3864 (toll free)** www.evmi.com/cpcp Email: certification@evmi.com
MAILING: **Earned Value Management Institute, P.O BOX 1624 FRISCO TEXAS 75034 USA**

NOTE: SCAN YOUR SIGNED AND COMPLETED REGISTRATION FORM AND SEND ALONG WITH YOUR MOST RECENT CV/RESUME & 2 PASSPORT SIZED PICTURES TO: certification@evmi.com

CREDIT CARD PAYMENTS POLICY VIA SECURED PAYMENT GATEWAY: EVMi® accepts the following major credit cards for payment via **STRIPE PAYMENT GATEWAY**: VISA, Master Card, Amex and Discover. All credit card payments are processed online via STRIPE. **EVMi®** will send you an invoice with payment instructions and payment link which is located at: **https://evmi.com/cpcp**

IDENTIFICATION FORMS REQUIRED: 2 official forms of **PICTURE** identification are required for the **CPCP™ program** and must be presented before the start of class. All **online participants** must submit a **notarized statement of proof of identity using the EVMI Affidavit of Identity Form at:**
https://www.evmi.com/wp-content/uploads/2019/01/EVMI_Affidavit_of_Identity_Form-3-1.pdf

Accepted forms of 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. All online participants must have their identification verified and submitted by a public authorized notary. **PASSPORT SIZED PICTURES:** All O N L I N E participants must scan and send **two (2 x 2)** passport sized pictures in **.jpeg format** of your full front face taken not **more** than 30 days and must be included with your application.

AIRLINE TICKETS & HOTELING: Don't make non-refundable airline reservations/hotel arrangements for public site training unless you have received a confirmation e-mail that the class will be held.

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 **$250.00.** 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 the **CPCP™ program** you FULLY acknowledge that ALL of EVMI®'s training materials are protected by USA & international copyright laws. In addition, you agree not to use any content of EVMI®'s training materials, including a l l the concepts and ideas expressed in the **CPCP™ program** for purposes of training and distribution of competing products/services. Sign below to confirm that you fully agree with EVMI®'s intellectual property & cancellation policy. By signing this application, you fully agree that all information provided in the completion of this **CPCP™** application form is true and accurate.

Step 5: COMPLETE AND SIGN & DATE:

NAME IN FULL:
SIGNATURE: **DATE:**

NOTE: SCAN YOUR SIGNED AND COMPLETED REGISTRATION FORM AND SEND ALONG WITH YOUR MOST RECENT CV/RESUME & 2 PASSPORT SIZED PICTURES TO: certification@evmi.com

Reminder:

PLEASE FULLY COMPLETE, SCAN AND SEND THE FIRST FOUR PAGES OF YOUR APPLICATION FORM, EVMI AFFIDAVIT OF IDENTITY FORM, SIGNED AND DATED, AND INCLUDE YOUR MOST RECENT RESUME OR CURRICULUM VITAE (CV) WITH TWO 2 x 2 PASSPORT SIZED PICTURES OF YOUR FRONT FACE IN JPEG (.JPG) FORMAT, AND EMAIL TO: certification@evmi.com FOR PROCESSING

INCLUDE IN THE SUBJECT SECTION OF YOUR EMAIL:
CPCP Certification Application & Your Name

ATTENTION:
PLEASE COMPLETE ALL STEPS 1, 2, 3, 4, 5 ON THE APPLICATION FORM. THANKS

Page 5