

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/evmp website useful? | | | | |
| 19 | *How did you hear about the EVMP® certification program? OR Please provide full name of who you | | | | |
| | were referred by: | | | | |



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| Step 2: Course Informat | ion | | | | | |
|---|---|---|--|------------|-------------------------------|------------------------|
| For course locations, visit: www. | evmi.com/evmp | and view u | nder the | Registrati | ion, | |
| Payment and Schedule of Classes | section | | | | | |
| Course name: | EVMP Ear | ned Value I | Managem | ent Prof | essional® | |
| | Crede | ential Certifi | cation Pro | gram (5 [| DAYS) | |
| Date: | | | | | | |
| *Location (Address): (Select Location where class will be conducted) | | | | | | |
| | | | | | | |
| Step 3: Payment Informa | ation | | | | | |
| Please complete your payment information Days before the Start of Class. An email co instructions. You must pay in full before star | nfirmation will be | e sent to you u | on receipt o | | | |
| PLEASE CHECK PAYME | NT METH | IOD: | | | | |
| CREDIT CARD VIA ONLINE GATEWAY | SECURED | AMAZON | PAY | | | |
| PLEASE NOTE FOR BANK WIRE TRANSFER PAYME TO MAKE BANK PAYMENT BY ELECTRONIC BANK ONLY FOR THOSE SENDING 100 OR MO AHEAD MATERIALS AND LECTURES WILL BE EMA AND COMPLETED & SIGNED APPLICATION | KWIRE TRANSFER RE PARTICIPAL ILED ELECTRON: | IFTHAT IS YOU NTS. UPON RE ICALLY TO AL | R PAYMENT CEIPT OF F L REGISTERE | OPTION. B | ANK WIRE TRA NT, YOUR SOFT | NSFER IS COPY READ- |
| COST: Price of 1 (One) EVMP® P | ARTICIPANT | = \$3,999.00 | 0 | | | |
| Number of Registrant(s) | x \$3,999.00 = | TO | OTAL= | | | |
| **Please note: All EVMP Control participants in each groups of PART B CASE STUDY REQUIREMENTS. | oup for com | pletion of | Part B | Case Sti | udy | |



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| 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 | | | |



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

IDENTIFICATION FORMS REQUIRED: 2 official forms of **PICTURE** identification are required for the **EVMP® 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 located at:**http://www.evmi.com/wp-content/uploads/2018/06/EVMI Affidavit of **Identity Form-3.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 ONLINE 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.

<u>AIRLINE TICKETS & HOTELING</u>: 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 **EVMP® program** you FULLY acknowledge that ALL of EVMI® Earned Value Management Institute®'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 all the concepts and ideas expressed in the **EVMP® 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 **EVMP®** application form is true and accurate.

| Step 5: | COMP | LETE | AND | SIGN | & | DAT | E |
|---------|------|------|------------|-------------|---|-----|---|
|---------|------|------|------------|-------------|---|-----|---|

NAME IN FULL:

SIGNATURE: DATE:

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



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Reminder:

PLEASE FULLY COMPLETE, SCAN AND SEND THE FOUR PAGES OF YOUR APPLICATION FORM, EVMI AFFIDAVIT OF IDENTITY SIGNED AND DATED, AND INCLUDE YOUR MOST RECENT RESUME OR CURRICULUM **VITAE SIZED** TWO 2 2 PASSPORT WITH X 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: EVMP Certification Application & Your Name

ATTENTION: PLEASE COMPLETE ALL STEPS 1, 2, 3, 4,

AND 5 ON THE APPLICATION FORM. THANKS

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