

PDU Activity Reporting Form Page 1

You can report your PDU activities online at www.pmi.org/ccrs to expedite processing.

To complete this form:

- 1. Save the form to your desktop, type in your information, and submit it by e-mail or print it and send by postal mail or fax.
- 2. Print the form, hand-write your information, please use blue or black ink and PRINT all information carefully on the lines provided using CAPITAL LETTERS. Submit it by postal mail or fax (contact information is listed at bottom of page 3 of this form).

*Indicates that information is required.

All information and documentation must be written in English

	All illiorillation	and docume	mation must be writ	ten in English.	
CONTACT INFO	PRMATION				
*PMI ID#	*Prefix (MR., MS	.) *First Nar	me (given name)	Middle Name	
*Last Name (family	y name, surname). Candida	ates with a sir	ngle name should ty	/pe/write their name in this field.	
*Address			*City	,	
*State/Province	Province *Postal Code		*Co	*Country	
*Preferred E-mail					
*Preferred Phone Country Code	Number Area/State/City Code	Phone No	umber	Extension	
PDU INFORMAT	ΓΙΟΝ				
*Check the box ne	ext to the single correct cate	gory for which	ch you are submittin	g a PDU claim. Check only ONE.	
EDUCATION ACTIVITIES			GIVING BACK TO THE PROFESSION ACTIVITIES		
☐ Category A: Courses offered by PMI's R.E.P.s or PMI's chapters/communities			_ ,	Creating New Knowledge	
Category B: Continuing Education offered by a University/college, or a training organization NOT registered with PMI		☐ Category E: Volunteer Service ☐ Category F: Work as a Project Professional			
☐ Category C: Se	elf-Directed Learning				



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ACTIVITY INFORMATION – Category A Section 3 (for Category A activities only)							
*Provider Name		• ,	*Provider Number				
*Activity Name			*Activity Number				
*Start Date (MM/DI		activity met all stated objective Strongly agree	Excellent				
*Completion Date (MM/DD/YY) 🔲 S	Agree Somewhat agree Somewhat disagree Strongly disagree	☐ Very good ☐ Good ☐ Fair ☐ Poor				
	If you report an activity in	Category A, also complete Sect	ion 5 before you submit this form.				
ACTIVITY INFOR	MATION – For all No	on-Category A Activities					
Category B: enter act Category C: enter nan Category D: enter title Category E: enter act	Fitle/Description in the ivity title/description me of activity of article / course / webinar / ivity and/or position / position title	appropriate field below. Use tetc.	the guidelines to help you.				
*Activity Title / Des	cription						
*Start Date (MM/DI	D/YY) *Completion	on Date (MM/DD/YY)	*Hours Completed				
Activity Contact Information Enter the Activity Provider Name in the appropriate field below. Use the guidelines to help you. Category B: enter organization that conducted training/education Category C: enter name of organization or individual that provided resources Category D: enter name of organization where the material was published or presented Category F: enter name of organization you worked for							
*Organization Nam	e						
*Address			*City				
*State/Province	*Z	ip/Postal Code	*Country				
Phone Number Country Code	Area/State/City Code	Phone Number	Extension				
URL (web address)		Provider's E-mail Address					



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ACTIVITY INFORMATION – Complete this Section for ALL Categories Section 5								
*Which process group does this act ☐ Initiating ☐ Planning ☐	ivity (course/event) primarily ac Executing	` ' ' ' '	□ All					
*Which knowledge areas does this a Communication Management Cost Management Human Resource Management	activity (course/event) primarily Integration Management Procurement Management Quality Management	address? (Select all that appl ☐ Risk Management ☐ Scope Management ☐ Time Management	y) All					
*Which industry areas does this act Aerospace & Defense Automation Systems Communication Consulting Design-Procurement-Construction Diversity E-business Education & Training	☐ Environmental Management☐ Financial Services☐ Government☐ Healthcare	ddress? (Select all that apply) Marketing & Sales Metrics New Product Development Oil, Gas & Petrochemical Performance Management Pharmaceutical Project Management Office Quality in PM Other:	☐ Retail ☐ Risk Management ☐ Scheduling ☐ Service & Outsourcing ☐ Students of PM ☐ Troubled Projects ☐ Utility Industry ☐ Women in PM					
*PDU Quantity per Credential PMP / PgMP	PMI-SP	PMI-RMP						
*By submitting this claim, I attest the or incorrect information provided macertification.								
*Signature (Electronic signature acceptable)	e Last Name//)	*Date: dd/month/yyyy						