

Continuing Certification Requirements Activity Reporting Form

Please use blue or black ink and print all information carefully in the boxes using CAPITAL LETTERS. Certificants should file a separate form for each activity they are reporting. Forms must be completed in English.

PMI Member ID#

If you are a member of PMI you have an ID number. Your ID number is on the membership card you received in your welcome kit when you joined. If you've lost your PMI member ID number you may contact PMI Customer Care at +1-610-356-4600 or send e-mail to customer care@pmi.org.

Prefix (MR., MRS., MS., DR.)

First Name (given name)

Middle Name

Last Name (family name, surname). Candidates with only a single name should use last name field.

Suffix

Address

City

State/Province

Postal Code

Country

City

Country Code

Area/State/City Code

Phone Number

Extension

PMI ACTIVITY REPORT:

PDU Category (and sub-designation*, if applicable): Indicate which of the 5 categories best describes the activity reported.

Provider ID (required only for Category 3): PMP should obtain this number directly from the R.E.P.

Program Number (required only for Category 3): PMP should obtain this number directly from the R.E.P.

PDU's Earned: Indicate the number of contact hours of participation within a structured activity, course or number of predetermined PDU's for specified professional activity

Activity Start Date (MM/DD/YY)

 / /

Activity Completion Date (MM/DD/YY)

 / /

Program/Activity Title or Formal Name of Course

Name of Activity Provider (Please provide sufficient information to identify the organization or institution which provided the activity).

Provider Address (Please provide sufficient information for PMI to contact the organization or institution which provided the activity).

Country Code

Area/State/City Code

Provider Phone Number

Provider email

If you are reporting Category 3 activities, please rate your level of satisfaction with the R.E.P.

Excellent Very Good Good Fair Poor

*Category 2-SDL claims require submission of a Self-Directed Learning Worksheet (located on the reverse of this form) in addition to the Activity Reporting Form.

Continuing Certification Requirements Activity Reporting Form (continued)



Indicate the most appropriate knowledge, process and application areas covered in the activity reported.

Project Knowledge Areas (Must check one, up to three maximum):

- | | | |
|---|---|--|
| <input type="checkbox"/> 01 Human Resource Management | <input type="checkbox"/> 04 Scope Management | <input type="checkbox"/> 07 Cost Management |
| <input type="checkbox"/> 02 Integration Management | <input type="checkbox"/> 05 Quality Management | <input type="checkbox"/> 08 Risk Management |
| <input type="checkbox"/> 03 Time Management | <input type="checkbox"/> 06 Communications Management | <input type="checkbox"/> 09 Procurement Management |
| | | <input type="checkbox"/> All |

Process (Must check one, up to three maximum):

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> 01 Initiating | <input type="checkbox"/> 03 Executing | <input type="checkbox"/> 05 Closing |
| <input type="checkbox"/> 02 Planning | <input type="checkbox"/> 04 Monitoring and Controlling | <input type="checkbox"/> 06 All |

Application Specific Interest Areas (Must check one, up to three maximum):

- | | | |
|---|---|---|
| <input type="checkbox"/> 01 Aerospace & Defense | <input type="checkbox"/> 11 Marketing & Sales | <input type="checkbox"/> 21 Configuration Management |
| <input type="checkbox"/> 02 Automotive | <input type="checkbox"/> 12 New Product Development | <input type="checkbox"/> 22 Consulting |
| <input type="checkbox"/> 03 Design-Procurement-Construction | <input type="checkbox"/> 13 Oil, Gas, Petrochemical | <input type="checkbox"/> 23 E-Business |
| <input type="checkbox"/> 04 Diversity | <input type="checkbox"/> 14 Pharmaceutical | <input type="checkbox"/> 24 Hospitality Management |
| <input type="checkbox"/> 05 Education & Training | <input type="checkbox"/> 15 Quality in Project Management | <input type="checkbox"/> 25 International Development |
| <input type="checkbox"/> 06 Environmental Management | <input type="checkbox"/> 16 Risk Management | <input type="checkbox"/> 26 Metrics |
| <input type="checkbox"/> 07 Financial Services | <input type="checkbox"/> 17 Service & Out-sourcing | <input type="checkbox"/> 27 Retail |
| <input type="checkbox"/> 08 IT & Telecon | <input type="checkbox"/> 18 Utility Industry | <input type="checkbox"/> 28 Students of PM |
| <input type="checkbox"/> 09 Information Systems | <input type="checkbox"/> 19 Women in Project Management | <input type="checkbox"/> 29 Troubled Projects |
| <input type="checkbox"/> 10 Manufacturing | <input type="checkbox"/> 20 Government | <input type="checkbox"/> 00 Other _____ |

SELF-DIRECTED LEARNING ACTIVITIES

If you have reported category 2-SDL PDUs on the Activity Reporting Form you must complete and submit this section in order to complete your PDU reporting.

A maximum of 15 category 2-SDL PDUs will be credited during each cycle. One (1) full hour of self-directed learning earns 1 PDU.

1. List one or more learning objectives for this activity, explaining how the activity enhanced your project management skills.

Example: "Be able to systematically calculate risk in projects and develop contingency plans."

2. List the human and/or material resources used to accomplish the purposes of your activity and the hours involved with them specific to the learning task.

Example: Discussion with John Smith, director of the project office for my company. 2 hours.

Resources	Hours
Total Hours = Total PDUs:	

I declare that all of the information I have provided on this application is true to the best of my knowledge. I understand that misrepresentations or incorrect information provided to PMI will result in disciplinary action, including suspension or revocation of my PMP credential.

Signature _____

Date _____

Do not send claims to PMI Global Operations Center or Regional Service Centers. Send the completed CCR Activity Reporting Form to:

PMI/CCR Records Office
College of Continuing Education, 1700 Asp Avenue
Norman, Oklahoma, USA 73072-6400
Fax: +1-405-325-6925