



Certified Professional in Supplier Diversity® Application for Original Certification



For use with applications beginning March 1, 2017.

Original Certification Requirements

Applicants for Original CPSD™ certification must pass the Essentials in Supplier Diversity (CPSD™ Exam) and the Foundation of Supply Management (Exam 1). In addition, applicants must have five years full-time professional (nonclerical, nonsupport) supplier diversity or supply management experience (does not have to be primary function) OR three years of full-time professional (nonclerical, nonsupport) supplier diversity or supply management experience and a bachelor's degree from a regionally accredited institution (or international equivalent). C.P.M.s, or CPSM®s in good standing only need to take the CPSD™ Exam to fulfill the exam requirements for the CPSD™.

Once a candidate is certified, he or she must be recertified every three years with 60 Continuing Education Hours (CEHs).

ISM administers the program for the profession and the public. Membership in ISM is not a requirement to earn or retain the CPSD™. Questions about the benefits of membership should be directed to ISM Customer Service at 800/888-6276 or +1 480/752-6276, option 8.

Regular or Rush Processing

Regular Service — You will receive either a letter of congratulations and CPSD™ certificate or a request for additional information approximately four to six weeks after ISM receives your application.

Rush Service — Within two working days of receiving your application, a telephone call or e-mail will advise you of the status of your application. A letter of congratulations and CPSD™ certificate are mailed within ten business days after approval of the application. Mark rush service on the application form and include both fees.

Submission Information

ISM requires your original application, typed or printed in blue or black ink. Applications must be complete and signed to avoid delays in processing. Applications and all documentation must be submitted in English. Please do not submit photocopies of your completed application.

Appeals Process

Applicants may appeal decisions related to their application. Appeals must be submitted to the certification department within 90 days after the application's date of rejection.

Mail the application, documents and fees to:

ISM Certification Program
309 W. Elliot Road, Suite 113
Tempe, AZ 85284
USA

Questions

E-Mail: certification@instituteforsupplymanagement.org
Call: 800.888.6276 or +1.480.752.6276

Application Checklist

- APPLICATION FEES and SIGNATURE — Have you included the required application fee and additional fees, if any? If you are not an ISM member, but claimed membership in CAPPO, did you include evidence of your membership? Did you read the ethics statement and sign the application?
- EXAMINATIONS — Is a copy of your official score report(s) attached? CPSD™ Exam 1 Exam 1 waived
- EXPERIENCE — Did you include a letter from each employer? Are letters on original letterhead? Are job titles and job duties clearly defined? Are the beginning and ending dates for each job title included? To see samples of work experience documentation, visit our Web site at www.instituteforsupplymanagement.org.
- BACHELOR'S DEGREE — Is a copy of a transcript or diploma included? (Only needed if submitting less than five years of applicable work experience)
- DOCUMENT RETENTION — Did you make copies of all documents submitted? ISM will not return documents sent with applications.

Not a member?

Save US\$60 on your application fee when you become a member of ISM. Call ISM Customer Service at 800.888.6276 or +1 480.752.6276, option 8, to receive a membership application or apply online at www.ism.ws. Members of ISM are eligible for a full range of benefits including a subscription to *Inside Supply Management*® magazine.



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Application For:

Original Certification Reinstatement (lapsed more than one year)

Dr. Mr. Mrs. Ms. Miss

How should your name appear on the certificate?*

First/Given _____

Middle _____

Last/Sur/Family _____

* Submit documentation of a name change.

Date of birth _____

Employment Information:

Organization Name _____

Title _____

NAICS Code _____

Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Telephone* _____

E-Mail Address _____

*For phone numbers outside of the United States and Canada, please include country and city codes.

Fees (please check all appropriate boxes):

ISM Member US\$119
(Regular, Direct National or CAPPO)

Nonmember US\$179
(includes Associate members)

International Shipping Surcharge US\$125
(All applicants outside of the U.S. and Canada)

OR provide your shipping account # _____
 UPS FedEx DHL

Rush Service Fee (additional amount) US\$100

Check enclosed VISA MasterCard American Express Discover Bill Me

Card # _____ Exp. Date ____/____/____

Ethics Statement:

I hereby certify that the information submitted on or with this form is true and accurate to the best of my knowledge. I expressly agree and understand that certification may be denied or revoked, or the Exam scores may be invalidated or withheld by the Professional Credentials Committee of ISM (the "Committee") in the event that the Committee determines that (A) an individual has (i) falsified or misrepresented information on the registration form or information provided is in error, including documentation of continuing education hours for recertification; (ii) participated in an unauthorized disclosure of Exam questions, information or materials; (iii) plagiarized questions and/or answers on the Exam; (iv) mailed, received, relayed in any fashion, or used copies of the Exam materials, questions, or answers without authorization from ISM; (v) retained the Exam materials after the examination; (vi) engaged in cheating or other misconduct or unprofessional behavior with respect to taking, administering, or preparation for the Exam; or (vii) failed to adhere to the Principles and Standards of Ethical Supply Management Conduct, or (B) (i) there is a

ISM ID No. (if known): _____

Home Mailing Address:

Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Telephone _____ Unlisted

Mail my certificate to (check one):

(Note: If mailing preference is not specified, your CPSD™ certificate will be mailed to your home address. International certificates will be sent to your business address.)

Business Home

ISM Affiliate (include affiliate name, if checked)

Please Notify My Employer (list one person only):

Dr. Mr. Mrs. Ms. Miss

Name _____

Is the person a CPSM®? Yes No

Is the person a CPSD™? Yes No

Is the person a C.P.M.? Yes No

Is the person an A.P.P.? Yes No

Title _____

Address _____

City _____ State/Province _____

Country _____ ZIP/Postal Code _____

Telephone _____

testing irregularity with respect to the Exam; (ii) there is a reason to question the Exam score's validity; or (iii) that the Exam score was the result of unusual or questionable circumstances.

I agree to abide by the ISM Principles and Standards of Ethical Supply Management Conduct, whether or not I am a member of ISM. I grant ISM permission to make any and all inquiries, which are necessary to evaluate my credentials for certification or recertification/ reaccreditation and agree to respond to requests for information related to any of the above. I further authorize ISM to publish (via e-mail, website, or print) information about my certification and to make any and all inquiries, investigations, or other communications, which may be necessary for the Committee to grant, deny or revoke certification, or to invalidate or withhold examination scores. I agree to be bound by the terms and conditions set forth herein and by any and all policies and procedures of ISM applicable to the Professional Credentials Program or the Exam as may be amended from time to time.

Signature _____ Date _____

ISM Use Only

Approved Date ____/____/____ Reg. No. _____ Orig. Date _____ Exp. Date _____ DE _____

Please submit all material with this application.
You may attach additional sheets for any section if needed.

Examinations

Provide the date (month/year) you passed each exam, and include the score report for each exam passed. You are responsible for providing a copy of the official score report received after testing.

Only exams passed within four years of the postmarked date of the application can be used toward the CPSD™ certification.

CPSD™ EXAM*† date passed: _____ location: _____

EXAM 1 date passed: _____ location: _____

* *Note: If only the CPSD™ Score Report is submitted with this application, the candidate's C.P.M. or CPSM® must be valid.*

Experience

A Minimum of five (5) years of full-time professional (non-clerical, non-support) supplier diversity or supply management experience (does not have to be primary function), OR three (3) years of full-time professional (non-clerical, non-support) supplier diversity or supply management experience if the candidate has a bachelor's degree from a regionally accredited college or university (or the international equivalent). Supply management or supplier diversity does not need to be the primary function; it may be a secondary component of the job. Professional experience is usually evident in positions with decision-making authority where judgment is exercised. Please submit one letter per employer, on original organization letterhead, from a supervisor or human resources department verifying and describing all job titles and dates (month and year) of employment being claimed. Credit is not given for less than six months in a position; however, movement from job to job without significant time interruption is treated as continuous experience. No experience credit is awarded for internships. For examples of work experience documentation, visit www.instituteforsupplymanagement.org.

Note: Résumés and business cards do not meet the documentation requirements for experience.

†Note: Proof of work experience is not required from those with a current C.P.M. or CPSM® certification.

Please Complete This Section (if you need more space, please attach additional pages)

	No. of yrs.
Employer _____ from mo./yr. _____ to mo./yr. _____	_____
Employer _____ from mo./yr. _____ to mo./yr. _____	_____
Employer _____ from mo./yr. _____ to mo./yr. _____	_____
Employer _____ from mo./yr. _____ to mo./yr. _____	_____
Total Years	_____

Degree

A copy of your diploma or transcript is acceptable documentation for this category. ISM reserves the right to request validation of your school's accreditation status at the time your degree was earned.

For degrees earned outside the United States, ISM uses several well-established resources to determine equivalency. If equivalency cannot be determined by ISM, candidates may choose, at their own expense, to have the international degree evaluated by a third-party evaluator, such as ECE (Educational Evaluators Inc — www.ece.org.) Please contact ISM Certification at certification@instituteforsupplymanagement.org if you have any additional questions.

Degree _____

Institution and Location _____

Graduation Date _____