



# Certified Professional in Supply Management® Application for Original Certification



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For use with applications beginning March 2, 2018.

Please Note: For use by candidates who have an ITC MLS-SCM Diploma only.

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## Original Certification Requirements

ISM has signed a reciprocity agreement with the International Trade Centre (ITC), between CPSM® and the MLS-SCM Diploma. Qualified candidates who have the MLS-SCM Diploma, plus three years of full time, professional – nonclerical, nonsupport – experience in a component area of supply management are able to apply for the CPSM®.

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 CPSM®. Questions about the benefits of membership should be directed to ISM Member Services at +1 480/752-6276, option 8

## Regular or Rush Processing

**Regular Service** — You will receive either a letter of congratulations and CPSM 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 CPSM 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.

## Questions

**E-Mail:** [certification@instituteforsupplymanagement.org](mailto:certification@instituteforsupplymanagement.org)

**Call:** 1.480.752.6276

## Appeals Process

Applicants may appeal decisions related to their application. Appeals must be submitted no more than 90 days after the application's date of rejection.

Mail written requests with your complete application package to:

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

ISM will make a final written decision based on existing policy.

## Mail the application, documents and all fees to:

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

## Not a member?

Save US\$60 on your application fee when you become a member of ISM. Call ISM Member Services at +1 480/752-6276, option 8, to receive a membership application, or apply online at [www.instituteforsupplymanagement.org](http://www.instituteforsupplymanagement.org). Members of ISM receive a full range of benefits including a subscription to Inside *Supply Management*® magazine featuring the Manufacturing and Non-Manufacturing *ISM Report On Business*® and unlimited access to ISM's expansive Web site — [www.instituteforsupplymanagement.org](http://www.instituteforsupplymanagement.org).

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## Application Checklist

- APPLICATION FEES and SIGNATURE** — Have you included the required application fee and additional fees, if any? Did you read the ethics statement and sign the application?
- Did you** include a copy of your MLS-SCM Diploma?
- 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.ism.ws](http://www.ism.ws), select Certification, then Work Experience Information.
- DOCUMENT RETENTION** — Did you make copies of all documents submitted? ISM will not return documents sent with applications.



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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 \_\_\_\_\_

NAICS Code Number \_\_\_\_\_

Title \_\_\_\_\_

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  Bill Me

ISM ID No. (if known): \_\_\_\_\_

### HOME MAILING ADDRESS:

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 CPSM® 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 \_\_\_\_\_

### 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

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.**

*Please Note: For use by candidates who have an ITC MLS-SCM Diploma only.*

**Experience**

Candidates must have three years of full-time, professional supply management experience (nonclerical, nonsupport) with a bachelor's degree from regionally accredited institution or international equivalent. Professional supply management experience may be in procurement, materials management, logistics, strategic sourcing and other areas within the ISM defined components of supply management. ISM does not require that candidates work in all areas of supply management or that a candidate be in a management position. Professional experience is usually evident in positions with decision-making authority where independent 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. Experience is awarded for primary year-round supply management employment only. No experience credit is awarded for internships. For examples of work experience documentation, visit [www.ism.ws](http://www.ism.ws); select Certification, then Certification Forms.

*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. certification.*

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

			<b>No. of yrs.</b>
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. _____	_____
<b>Total Years</b>			_____

**MLS-SCM Diploma**

Please include a copy of your MLS-SCM Diploma and complete the section below.

CRN Number \_\_\_\_\_

Completion Date \_\_\_\_\_