

Application for Certified Meeting Professional (CMP)[®] Certification



APPLICANT INFORMATION:

Please provide your legal name as it appears on your drivers license, passport or other official identification.

MR. MS. MRS. DR. OTHER (PLEASE SPECIFY):

NAME:

LAST

FIRST

MIDDLE

OTHER CERTIFICATIONS/DESIGNATIONS: _____

In the space provided below, please provide your primary contact information. The Convention Industry Council will use the information provided to contact you regarding your application status and all other future communications.

PRIMARY CONTACT INFORMATION

HOME

WORK

TITLE: _____ ORGANIZATION: _____

MAILING ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____ ZIP/POSTAL CODE: _____

COUNTRY: _____ PHONE: _____
(COUNTRY CODE) (AREA/CITY CODE)

EMAIL: _____ FAX: _____
(COUNTRY CODE) (AREA/CITY CODE)

PLANNER / SUPPLIER CATEGORY

Choose one planner or supplier category from below.

Planner Categories: (Select the job type which best describes your current employment as a planner)

ASSOCIATION CORPORATE 3RD PARTY/DMC EDUCATION GOVERNMENT

INDEPENDENT/CONSULTANT INSURANCE/FINANCIAL MEDICAL RELIGIOUS

NON-PROFIT OTHER _____

Supplier Categories: (Select the job type which best describes your current employment as a supplier)

AIRLINE AUDIO VISUAL CONFERENCE CENTER CRUISE LINE/YACHT CHARTER

CONVENTION SERVICES MANAGER CVB CATERING/RESTAURANT DMC/GROUND OPERATOR

ENTERTAINMENT TRAVEL EXHIBIT/DECORATING HOTEL SALES HOTEL SERVICE

STAGING/PRODUCTION SPEAKERS BUREAU OTHER _____

SECTION I — PROFESSIONAL EXPERIENCE IN THE MEETING, EVENT, EXHIBITION AND HOSPITALITY/TOURISM INDUSTRY

Please refer to page 6 of the CMP handbook for complete instructions and guidelines. Meeting, event, exhibition and hospitality/tourism industry, hereinafter referred to as "industry".

Applicant must meet one (1) of the following requirements for professional experience in the industry:

Option 1: PROFESSIONAL EXPERIENCE

- I am currently or recently employed (within the previous twelve (12) months) in the industry with a minimum of 36 months work experience as outlined below.

Option 2: PROFESSIONAL EXPERIENCE AND EDUCATION

- I am currently or recently employed (within the previous twelve (12) months) in the industry with a minimum of 24 months qualifying work experience, AND, I hold a bachelor's degree or international equivalent in meeting/tourism/event management, and I have attached documentation of my degree.

NAME OF INSTITUTION: _____

ADDRESS: _____

DEGREE EARNED: _____ **DATE RECEIVED:** _____

CONCENTRATION / MAJOR: _____

Option 3: PROFESSIONAL EXPERIENCE IN ACADEMIA

Please refer to page 8 of the CMP handbook for an example of experience.

- I am a full-time instructor of meeting event, exhibition or hospitality/tourism management at an educational institution or university program with 36 months of full-time experience in academia.

PROFESSIONAL EXPERIENCE IN MEETING AND EVENT MANAGEMENT

1 **JOB TITLE:** _____

NAME OF ORGANIZATION/COMPANY: _____

TYPE OF ORGANIZATION/COMPANY: _____

START / END DATE: **FROM:** _____ **TO:** _____ **TOTAL MONTHS:** _____
(MM/YYYY) (MM/YYYY) *Months are counted as 1st of the month to 1st of the next month.*

JOB DESCRIPTION / DUTIES:

2

JOB TITLE: _____

NAME OF ORGANIZATION/COMPANY: _____

TYPE OF ORGANIZATION/COMPANY: _____

START / END DATE: FROM: _____ TO: _____ TOTAL MONTHS: _____
(MM/YYYY) (MM/YYYY) Months are counted as 1st of the month to 1st of the next month.

JOB DESCRIPTION / DUTIES:

3

JOB TITLE: _____

NAME OF ORGANIZATION/COMPANY: _____

TYPE OF ORGANIZATION/COMPANY: _____

START / END DATE: FROM: _____ TO: _____ TOTAL MONTHS: _____
(MM/YYYY) (MM/YYYY) Months are counted as 1st of the month to 1st of the next month.

JOB DESCRIPTION / DUTIES:

4

JOB TITLE: _____

NAME OF ORGANIZATION/COMPANY: _____

TYPE OF ORGANIZATION/COMPANY: _____

START / END DATE: FROM: _____ TO: _____ TOTAL MONTHS: _____
(MM/YYYY) (MM/YYYY) Months are counted as 1st of the month to 1st of the next month.

JOB DESCRIPTION / DUTIES:

TOTAL MONTHS IN MEETING AND EVENT MANAGEMENT Total

[] See additional meeting and event positions attached.

SECTION II — INTERNSHIP OR CONTINUING EDUCATION

Please refer to page 7 of the CMP handbook for complete instructions and guidelines.

Applicant must have completed one (1) of the following qualifying professional development activities:

- An industry internship consisting of a minimum of 200 hours of work experience
- Twenty-five (25) clock hours of continuing education (within the last five (5) years)

INDUSTRY INTERNSHIP

TITLE OF INTERNSHIP PROGRAM: _____

FOCUS OF INTERNSHIP: _____

PARTICIPATING ORGANIZATION: _____

NAME OF EDUCATIONAL INSTITUTION, UNIVERSITY
OR INTERNATIONAL SCHOOL (THIRD LEVEL): _____

ADDRESS/PROVINCE/COUNTRY: _____

FACULTY ADVISOR NAME: _____

INTERNSHIP DATES: FROM: _____ TO: _____
(MM/YYYY) (MM/YYYY)

I have attached documentation of my internship.

CONTINUING EDUCATION

To receive credit for Continuing Education, a minimum of 25 clock hours of continuing education must be completed.

1 SESSION/COURSE TITLE: _____
CMP BLUEPRINT SECTION: _____
PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

2 SESSION/COURSE TITLE: _____
CMP BLUEPRINT SECTION: _____
PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

3 SESSION/COURSE TITLE: _____
CMP BLUEPRINT SECTION: _____
PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

4 SESSION/COURSE TITLE: _____
CMP BLUEPRINT SECTION: _____
PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

5

SESSION/COURSE TITLE: _____

CMP BLUEPRINT SECTION: _____

PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

6

SESSION/COURSE TITLE: _____

CMP BLUEPRINT SECTION: _____

PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

7

SESSION/COURSE TITLE: _____

CMP BLUEPRINT SECTION: _____

PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

8

SESSION/COURSE TITLE: _____

CMP BLUEPRINT SECTION: _____

PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

9

SESSION/COURSE TITLE: _____

CMP BLUEPRINT SECTION: _____

PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

10

SESSION/COURSE TITLE: _____

CMP BLUEPRINT SECTION: _____

PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

11

SESSION/COURSE TITLE: _____

CMP BLUEPRINT SECTION: _____

PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

12

SESSION/COURSE TITLE: _____

CMP BLUEPRINT SECTION: _____

PROGRAM SPONSOR/PROVIDER: _____

LOCATION (CITY/PROVINCE, STATE/COUNTRY): _____ DATE: _____ CLOCK HOUR(S): _____

TOTAL CLOCK HOURS FOR CONTINUING EDUCATION (MINIMUM REQUIRED 25) Total

[] See additional continuing education attached.

SECTION III — AGREEMENT AND PAYMENT

A. AGREEMENT

Applicants must complete the checklist below. Use only blue or black ink to complete this application or type the information. If your application is not legible, it will not be processed. Do not fax the CMP application. Faxed applications will not be accepted. If you have not signed your application and enclosed the required documentation and correct fees—your application will not be processed.

CHECK IF YOU HAVE:

- Fulfilled the minimum requirements of the CMP application
- Read the CMP Candidate Handbook
- Completed the application in its entirety
- Initialed each page and signed the application
- Enclosed documentation in the form of an official course outline or syllabus to receive credit for full- time teaching at an educational institution or university program, if applicable
- Enclosed a completed professional resume/curriculum vitae
- Enclosed a copy of your educational institution or university transcript or diploma in meeting/tourism/hospitality management with a translation of the degree or diploma if not presented in English
- Enclosed a letter from faculty advisor of internship, if applicable
- Enclosed documentation for each continuing education component
- Enclosed any additional sheets used to complete application questions
- Made a photocopy of the completed application for your own records
- Enclosed the application fee

APPLICANT AGREES THAT: *(Check each item)*

- I agree to be bound by the CIC/CMP policies and procedures as outlined in the CMP Candidate Handbook
- I pledge to adhere to the CMP standards of conduct and understand that my CMP status and my right to use the CMP trademark may be revoked
- It is my responsibility to ensure that the application and documentation arrive at CIC prior to the published deadline. Should this application be received after the deadline, it will not be reviewed until the next application period
- I certify that all the information contained in this application is accurate and truthful
- I understand that additional information may be requested to complete my application review
- I understand that all of the information I have provided herein may be verified and I authorize such verification
- If certified, I agree to abide by the rules and regulations set forth by the Convention Industry Council (CIC), and understand if I ever fail to maintain or have revoked my CMP status, I must immediately cease referring to myself as a Certified Meeting Professional and must stop CMP or Certified Meeting Professional trademark in any manor
- I agree, if certified, to be listed in the online CMP Directory

SIGNATURE

Before signing, please review your application for any errors or omissions. Application must be signed in order to be processed.

NAME: _____ SIGNATURE: _____ DATE: _____

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B. PAYMENT

Please select one of the payment methods found below.

The CMP application fee must be submitted with the completed application or paid online prior to application submission.

AMOUNT **\$225.00** USD

DATE PAID ONLINE BY CREDIT CARD _____ AMERICAN EXPRESS VISA MASTERCARD

PAYMENT BY CREDIT CARD AMERICAN EXPRESS VISA MASTERCARD

NAME ON CARD: _____ CARD NUMBER: _____ EXP. DATE: _____

CARDHOLDER SIGNATURE: _____

PAYMENT BY CHECK (ENCLOSED AND MADE PAYABLE TO CIC)

NAME ON CHECK: _____ CHECK NUMBER: _____

MAILING INSTRUCTIONS

Before mailing, check that all required attachments are enclosed and submitted in English. Mail completed application form, attachments and application submission fee to:

Convention Industry Council
Attn: CMP Application Department
700 N. Fairfax Street, Suite 510
Alexandria, VA USA 22314
+1 571 527-3116