



# CBPP® APPLICATION

Please email this Application to [CertComm@abpmp.org](mailto:CertComm@abpmp.org)

## Contact Information

Title / Salutation:		
Last Name:	First Name:	Middle:
Email:	Phone Number:	
Street Address:	Apartment/Unit #:	
City/Town:	State/Province:	
Postal Code/Zip Code:	Country:	

## Education (Approved Graduate Degrees May Be Substituted For Up To 6 Months of Eligibility Experience)

Graduate College or University Attended:	
Address:	
From:	To:
Degree (if graduated):	

## Professional Certification (Approved Certifications May Be Substituted For Up To 6 Months of Eligibility Experience)

Certification Name and Title (e.g. Process Management Professional, PMP):	
Certification Institution (e.g Project Management Institute):	
Date Obtained:	Date Expires:
Name of Person who can validate certification:	
Phone number of person who can validate certification:	
Email of person who can validate certification:	

# CBPP Eligibility Experience In Business Process Management

Company Name:

Company Website:

Company Address:

Job Title:

Number of people reporting to you:

Date of Experience:

Name of Project or Operational Effort:

Project

On-going operations

BPM Role(s) served in this effort:

Process Owner

Business Analyst

Process Manager

Subject Matter Expert

Process Analyst

Executive Management

Process Designer

IT

Process Architect

Other \_\_\_\_\_

Knowledge Areas Participated In:

Process Transformation

Business Process Management

Process Modeling

Process Organization

Process Analysis

Enterprise Process Management

Process Design

BPM Technology

Process Performance Management

Description of effort:

(Please describe this BPM effort, what you did in terms of the situation and the business process in focus as well as what you did to improve or transform the business process. Your description should be in a narrative format that demonstrates your experience in the context of the knowledge areas of the BPM CBOK®.)

Name of Reference to Validate Your Work:

E-mail of Reference:

Relationship of Reference to you on this effort:

Years of Dedicated BPM Experience in this Effort:

## BPM Experience

Company Name:

Company Website:

Company Address:

Job Title:

Number of people reporting to you:

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Name of Reference to Validate Your Work:

E-mail of Reference:

Relationship of Reference to you on this effort:

Years of Dedicated BPM Experience in this Effort:

*If you need additional space to complete this section, please use blank space at the end of application.*

## ABPMP Code of Ethics

I acknowledge that I have read, understand, and will uphold the professional ethics and standards as outlined in the ABPMP Code of Ethics.

Signature:

Date:



# CBPP® APPLICATION

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to certification, I understand that false or misleading information in my application may result in my certification being revoked.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Authorization

Should I earn the CBPP accreditation, I authorize ABPMP to publish my name in conjunction with certification.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Payment Options- Do NOT Mail or Email Credit Card Information

Check Enclosed

### Credit Card

VISA     MasterCard     American Express     Discover

Name on Credit Card: \_\_\_\_\_

Billing Address (if different from your address): \_\_\_\_\_

City/Town: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3-Digit Verification Code: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date \_\_\_\_\_

**Make Checks Payable to: ABPMP Int.**

**Mail To: ABPMP  
ATTN: Laurie Krueger  
1000 Westgate Drive, Suite 252  
St. Paul, MN 55114 USA**

**FAX Credit Card Information To: 1-651-290-2266**