###### application – ipma D level

**Certified Project Management Associate**

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| **Personal Data** |
|  **Name. First name and surname will be displayed on the certificate** | **ID number** |
|  |  |
| **Home Address** | **Home telephone** |
|  |  |
|  **Company** | **GSM - Mobile** |
|  |  |
| **Education/Position** | **E-mail** |
|  |  |
| **Name and Address for Invoicing** | **ID number** |
|  |  |
| SignatureWith my signature I declare to be familiar with the certification process and relevant requirements. With my signature I declare the information given on this form to be correct. With my signature I accept the Project Management Association of Iceland need to collect in registry the relevant personal data regarding the certification applicants and certificate holders. This registry will be kept according to relevant laws, acts and decrees, and the information will not be released to third parties outside certification. With my signature I accept the possibility of a non-certification-related (*force majeur*, information technology, etc.) fault in the certification process, and commit myself to not demanding compensation of any kind related to any such fault. VSF commits to offer a compensatory event etc. for substituting the fault-ridden one without additional payment to VSF. | Photograph(Remove these instructions. Add a photograph by copying / pasting here or by using the Insert – Picture menu command) |
| With my signature I declare myself to be familiar with the IPMA certified individual’s ethical instructions, and my commitment to obey these instructions. |

Location Date Applicant´s signature

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**Appendices to the application form**

* Applicant´s CV with picture
* Self assessment form

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| **Til útfyllingar af VSF, við móttöku umsóknar - For VSF use only, do not write** |
| **Móttekið, dags. - Received, date** | **Dags.samþykktar - Approved, date** | **Umsóknargjald - Application fee** | **Dags. prófs – Exam Date** |
| **Prófdómari – Exam Assessor**  | **Prófdómari – Exam Assessor**  |