

Global Communication Certification Council
Communication Management Professional Certification Application

**INSTRUCTIONS FOR COMPLETING AND SUBMITTING YOUR APPLICATION
AND DOCUMENTATION**

Carefully follow the instructions to complete your application. Be sure to complete all appropriate sections and sign your application. Incomplete or unsigned applications will not be accepted.

Section	<p>Application Page</p> <ul style="list-style-type: none"> ➤ Complete applicant details. All sections must be completed. ➤ Read and review acknowledgement. ➤ Print then sign your name and enter date on form at bottom of page.
A	<p>WORK EXPERIENCE</p> <p>For any work experience demonstrated, include the following information:</p> <ul style="list-style-type: none"> ➤ <i>Job Title</i> - Title of position applicant held with employer ➤ <i>Name of Employer</i> - Name of company or organization where applicant was employed ➤ <i>Dates of Employment</i> – Date range of employment held by applicant (months/year) ➤ <i>Duration of Experience</i> - Enter number of years and months, by employer and in total, performing business communication functions ➤ <i>Supervisor or Company contact to verify information</i> – Name, phone number and email address of individual employed by company who can verify applicant’s experience
B	<p>TRAINING EXPERIENCE</p> <p>For any training session demonstrated, include the following information:</p> <ul style="list-style-type: none"> ➤ <i>Title of Training Program</i> ➤ <i>Association or Organization that provided training</i> ➤ <i>Date of Completion</i> ➤ <i># of Hours Completed</i> ➤ <i>Signed documentation of training, if any.</i> ➤ <i>If no signed documentation, please list contact information for training program representative below (name, title, email address and phone number).</i>
C	<p>EDUCATION EXPERIENCE</p> <p>For any education experience demonstrated, include the following information:</p> <ul style="list-style-type: none"> ➤ <i>College/University</i> ➤ <i>Institution Address (street, city, state, zip, country):</i> ➤ <i>Did you graduate? If so, designation earned.</i> ➤ <i>Years of Attendance</i> ➤ <i>Degree/Diploma Earned</i> ➤ <i>Course of Study</i>
D	<p>SUMMARY OF EXPERIENCE REQUIREMENTS</p> <ul style="list-style-type: none"> ➤ Record the totals from sections A, B and C. ➤ Profile questions

In order for your application to be efficiently processed, please complete the application including any supporting documentation along with appropriate processing fee at:

Gcccouncil.org

NOTE: Please allow approximately 30 days for the processing of your completed application. Upon approval, you will receive a notification of eligibility to sit for the exam.

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OFFICIAL APPLICATION

Applicant Name: _____
First / Middle Initial / Last (Family)

Maiden Name or Former Name(s): _____

Preferred Mailing Address: Home () Business ()

Home Address: _____

City: _____ State/Country: _____ Zip/Postal Code: _____

Home Telephone: () _____ Email: _____

I hereby apply to GCCC as a candidate for Certified Communication Management Professional (CMP) in accordance with and subject to the procedures and regulations of GCCC. I have read and agree to the conditions set forth in the CMP Application for Certification and Continuing Education Policy in effect at the time of my application, covering the Certification process; and Continuing Education policies. I agree to denial of Certification and to forfeiture and redelivery of any certificate or other credential granted me by GCCC in the event that any of the statements or answers made by me in this application are false or in the event that I violate any of the rules or regulations governing such exam. I understand that all certificates are owned by GCCC and if my certificate is granted and then revoked, I will destroy the certificate.

I authorize GCCC to make whatever inquiries and investigations it deems necessary to verify my credentials and my professional standing. If I become a Certified Communication Management Professional, my certification status will become public, and may be disclosed by GCCC to third parties who inquire. If my application is not approved, I understand that I am able to appeal the decision by contacting *GCCC@iabc.com*. By signing below, I authorize GCCC to disclose your certification status.

The contact information will be used to fulfill my request, and may also be used by GCCC to send me information about certification related goods and services, and other information in which they believe I may be interested. By signing below, I authorize GCCC to contact me at the address and numbers I have provided.

I hereby agree to hold GCCC, its officers, directors, examiners, employees, and agents, harmless from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application; the application process; the failure to issue me any certificate; or any demand for forfeiture or redelivery of such certificate.

I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH GCCC AND THAT THE DECISION OF GCCC IS FINAL. I HAVE READ AND UNDERSTAND THESE STATEMENTS AND I INTEND TO BE LEGALLY BOUND BY THEM.

Signature and Date

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SECTION A: Work Experience Detail

List your most recent experience first. Work experience refers to professional activities in communication management. A candidate must have a **minimum** of six years of business communications experience at the time of application. Experience must be within the last 12 years.

Job Title	
Company Name	
Dates of Employment	
Duration of Experience	
Name of company contact who can verify information	
Phone number and email address of contact listed above	
Business Communications Experience	
Job Title	
Company Name	
Dates of Employment	
Duration of Experience	
Name of company contact who can verify information	
Phone number and email address of contact listed above	
Business Communications Experience	
Job Title	
Company Name	
Dates of Employment	
Duration of Experience	
Name of company contact who can verify information	
Phone number and email address of contact listed above	
Business Communications Experience	

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SECTION A: Work Experience Detail (continued)

Job Title	
Company Name	
Dates of Employment	
Duration of Experience	
Name of company contact who can verify information	
Phone number and email address of contact listed above	
Business Communications Experience	
Job Title	
Company Name	
Dates of Employment	
Duration of Experience	
Name of company contact who can verify information	
Phone number and email address of contact listed above	
Business Communications Experience	
Job Title	
Company Name	
Dates of Employment	
Duration of Experience	
Name of company contact who can verify information	
Phone number and email address of contact listed above	
Business Communications Experience	

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SECTION B: Training Experience

Training refers to skill-based courses offered by businesses, non-profits, industry associations, colleges, universities, trade or vocational schools. A candidate must have a **minimum** of 40 hours of business communications training at the time of application. Training must have occurred within the two years prior to application submittal.

Training Program	
Association or Organization that provided training	
Date of Completion	
# of Hours Completed	
Signed documentation of training? If yes, please attach valid documentation to application. Yes or No (check one)	
If no signed documentation, please list contact information for training program representative below (name, title, email address and phone number).	
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Association or Organization that provided training	
Date of Completion	
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Signed documentation of training? If yes, please attach valid documentation to application. Yes or No (check one)	
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SECTION B: Training Experience (continued)

Training Program	
Association or Organization that provided training	
Date of Completion	
# of Hours Completed	
Signed documentation of training? If yes, please attach valid documentation to application. Yes or No (check one)	
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SECTION C: Verification of Education Experience

Education refers to successful completion of credit-granting courses at an accredited post-secondary college, university, trade or vocational school. Education may have occurred at any point in the past. If education is recent, then it may qualify as both education and training.

College/University	
Institution Address (street, city, state, zip, country):	
Did you graduate? If so, designation earned	
Dates of Attendance	
Degree/Diploma Earned	
Course of Study	
College/University	
Institution Address (street, city, state, zip, country):	
Did you graduate? If so, designation earned	
Dates of Attendance	
Degree/Diploma Earned	
Course of Study	
College/University	
Institution Address (street, city, state, zip, country):	
Did you graduate? If so, designation earned	
Dates of Attendance	
Degree/Diploma Earned	
Course of Study	

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SECTION D: Summary of Experience Requirements

For Communication Management Professional certification, candidates must demonstrate:

1. Eight years of experience and 40 hours of training **OR**
2. Six years of experience, two years of education, and 40 hours of training

Total Number of Years of Experience Demonstrated	
Total Number of Years of Education Demonstrated	
Total Number of Hours of Training Demonstrated	

The following profile questions are voluntary and may be used to develop marketing tools and promote the CMP program and its successful graduates. Please fill out the following questions as extensively as possible. Feel free to add additional thoughts or comments as you see relevant.

1. Why did you decide to pursue the CMP certification?

2. What did you learn from the process of applying for the exam?

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3. What advice would you give others who might be considering applying to become a CMP?

4. What do you think earning the CMP designation will mean in terms of your career goals?

5. Who would you recommend undertakes the CMP certification and why?

6. Any other comments or thoughts on the CMP certification?