

# Global Communication Certification Council™ Strategic Communication Management Professional™ Certification Application

## INSTRUCTIONS FOR COMPLETING AND SUBMITTING YOUR APPLICATION AND DOCUMENTATION

Follow the instructions to complete your application. Incomplete or unsigned applications will not be accepted.

<b>Section</b>	<p><b>APPLICATION PAGE</b></p> <ul style="list-style-type: none"> <li>➤ Complete applicant details. All sections must be completed.</li> <li>➤ Read and review acknowledgement.</li> <li>➤ Print then sign your name and enter date on form at bottom of page.</li> <li>➤ If you are a current ABC, please complete this page, then skip to Section D.</li> </ul>
<b>A</b>	<p><b>WORK EXPERIENCE - 11+ years required</b></p> <p>For any work experience demonstrated, include the following information:</p> <ul style="list-style-type: none"> <li>➤ <i>Job Title</i> - Title of position applicant held with employer</li> <li>➤ <i>Name of Employer</i> - Name of company or organization where applicant was employed</li> <li>➤ <i>Dates of Employment</i> – Date range of employment held by applicant (months/year)</li> <li>➤ <i>Duration of Experience</i> - Enter number of years and months, by employer and in total, performing business communication functions</li> <li>➤ <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</li> </ul>
<b>B</b>	<p><b>TRAINING EXPERIENCE – 20 hours over the past two years required</b></p> <p>For any training session demonstrated, include the following information:</p> <ul style="list-style-type: none"> <li>➤ <i>Title of Training Program</i></li> <li>➤ <i>Association or Organization that provided training</i></li> <li>➤ <i>Date of Completion</i></li> <li>➤ <i># of Hours Completed</i></li> <li>➤ <i>Signed documentation of training, if any.</i></li> <li>➤ <i>If no signed documentation, please list contact information for training program representative below (name, title, email address and phone number).</i></li> </ul>
<b>C</b>	<p><b>LETTER OF RECOMMENDATION - required</b></p> <p>For support and supplementation to your strategic level experience, please submit a recommendation letter addressing senior level contributions from one of the following:</p> <ul style="list-style-type: none"> <li>➤ <i>Mentee (not directly under your supervision) or an organization for which you have done pro bono work</i></li> <li>➤ <i>Letters must reflect a professional, working relationship</i></li> </ul>
<b>D</b>	<p><b>SUMMARY OF EXPERIENCE REQUIREMENTS</b></p> <ul style="list-style-type: none"> <li>➤ Record the totals from sections A, B and C.</li> </ul>

For your application to be efficiently processed, please submit the application including any supporting documentation along with appropriate processing fee at:

<http://GCCCouncil.org/get-certified-now/>

**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:

\_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check if applying as current ABC transitioning to SCMP®:  If yes, please complete this page, including signature, then skip to Section D.

## ACKNOWLEDGEMENT

I hereby apply to GCCC® as a candidate for certified Strategic Communication Management Professional (SCMP®) in accordance with and subject to the procedures and regulations of GCCC. I have read and agree to the conditions set forth in the SCMP 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. GCCC shall require that a certified person signs an agreement for the following reasons:

- to comply with the relevant provisions of the certification scheme;
- to make claims regarding certification only with respect to the scope for which certification has been granted;
- not to use the certification in such a manner as to bring the certification body into disrepute, and not to make any statement regarding the certification which the certification body considers misleading or unauthorized;
- to discontinue the use of all claims to certification that contain any reference to the certification body or certification upon suspension or withdrawal of certification, and to return any certificates issued by the certification body;
- not to use the certificate in a misleading manner.

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 Strategic 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 will not be refunded any application fees incurred, but I am able to appeal the decision by contacting [info@gcccouncil.org](mailto:info@gcccouncil.org) in a timely manner.



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By signing below, I authorize GCCC to disclose my 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.**

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Signature and Date

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## SECTION A: Work Experience Detail

List your most recent experience first. A candidate must have a **minimum** of 11 years of communications experience at the time of application.

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



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SECTION A: Work Experience Detail (continued)

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

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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 20 hours of communications training at the time of application submission. **Training must have occurred within the two years prior to application submittal.**

<b>Training Program</b>	
<b>Association or Organization that provided training</b>	
<b>Date of Completion</b>	
<b># of Hours Completed</b>	
<b>Signed documentation of training? If yes, please attach valid documentation to application.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If no signed documentation, please list contact information for training program representative below (name, title, email address and phone number).</b>	
<b>Training Program</b>	
<b>Association or Organization that provided training</b>	
<b>Date of Completion</b>	
<b># of Hours Completed</b>	
<b>Signed documentation of training? If yes, please attach valid documentation to application.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If no signed documentation, please list contact information for training program representative below (name, title, email address and phone number).</b>	



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SECTION B: Training Experience (continued)

<b>Training Program</b>	
<b>Association or Organization that provided training</b>	
<b>Date of Completion</b>	
<b># of Hours Completed</b>	
<b>Signed documentation of training? If yes, please attach valid documentation to application.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If no signed documentation, please list contact information for training program representative below (name, title, email address and phone number).</b>	
<b>Training Program</b>	
<b>Association or Organization that provided training</b>	
<b>Date of Completion</b>	
<b># of Hours Completed</b>	
<b>Signed documentation of training? If yes, please attach valid documentation to application.</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If no signed documentation, please list contact information for training program representative below (name, title, email address and phone number).</b>	



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## SECTION C: Recommendation Letter

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A recommendation letter is required for any candidates applying to the SCMP® certification. Letters are accepted from mentees or an organization for which the candidate has done pro bono work addressing senior level contributions to communications. Letters must reflect a professional, working relationship. Please submit the signed letter as a PDF attached to your SCMP® application.

## SECTION D: Summary of Experience Requirements

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For Strategic Communication Management Professional™ certification, candidates must demonstrate and document:

1. 11 years of experience
2. 20 hours of training over the last two years AND
3. include a letter of recommendation.
4. OR if applying as a current ABC, please provide the date of your ABC accreditation, as well as your current IABC Member Number.

<b>Total Number of Years of Experience Demonstrated</b>			
<b>Total Number of Hours of Training Demonstrated</b>			
<b>Letter of Recommendation Included</b>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>ABC accreditation date:</b>		<b>IABC member number:</b>	