

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.

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

<http://gccouncil.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.



COMMUNICATION MANAGEMENT PROFESSIONAL™ CERTIFICATION APPLICATION

OFFICIAL APPLICATION

Applicant Full Name: _____

Maiden Name or Former Name(s): _____

Preferred Mailing Address:

City: _____ State/Province: _____

Country: _____ Zip/Postal Code: _____

Preferred 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.

GCCC shall require that the applicant signs this agreement attesting to:

- Having read and understood the Candidate Handbook
- Understanding the scope of the certification
- Agreeing to comply with all certification requirements and agreeing to supply any information needed to evaluate and verify compliance
- Make claims regarding certification only as permitted by the policies including the use of certification policy
- Use the certification only as authorized and to refrain from making any statement regarding certification that is inaccurate, misleading, or unauthorized
- Comply with all policies regarding the confidentiality of examination content
- Discontinue use of the certification and to dispose of any certificates upon suspension or withdrawal of certification
- Inform GCCC, without delay, of any matter that affects the individual's ability to continue to fulfil the certification requirements once certification is granted



COMMUNICATION MANAGEMENT PROFESSIONAL CERTIFICATION APPLICATION

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

Signature and Date

Global Communication Certification Council

Communication Management Professional Certification Application

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 6 years of business communications experience at the time of application (with education; 8 years minimum experience without). 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	

Global Communication Certification Council

Communication Management Professional Certification Application

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	

Global Communication Certification Council

Communication Management Professional Certification Application

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	
# 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).	

Global Communication Certification Council

Communication Management Professional Certification Application

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)	
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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Communication Management Professional Certification Application

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	