

Application for Admission

**2010 IN-RESIDENCE WEEK and FINAL EXAMINATION**

PLEASE TYPE OR PRINT CLEARLY

**PERSONAL INFORMATION**

Print your name EXACTLY as you wish it to appear on your certificate.

Name: Mr. /Mrs. /Ms. .... Newfoundland and Labrador Institute  
 Given Name Initial(s) Surname  
 PMAC Member #: .....

Accreditation Program: (Check one) SSCMLP  Principles-based  (Required)

Employer: ..... Title/Position: .....

Employer Address: .....

Bus. Tel.: ..... Bus. Fax: ..... Bus. E-mail: .....

Home Address: .....

Home Tel.: ..... Secure E-mail: ..... (If different from business e-mail)

Preferred Mailing Address: (Check one)  Home  Business

Please check the box  if you **DO NOT** wish to include your business contact information in an attendee list that will be distributed to all In-Residence Week participants.

**Note:** Examination-related information will be communicated to you electronically by your PMAC Institute. Please provide a secure e-mail address. The information provided on this form will also be used to update our member database unless otherwise advised.

**Practical Experience Requirement:** (Please provide supporting documentation indicating a minimum of three years of progressive experience in any aspect of supply chain management. Examples of supporting documentation include: employer reference letters, position descriptions, current resume or organizational charts.)

..... Position	..... Company	..... Start (MM/YY)	..... End (MM/YY) (If applicable)
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**SECTION I: IN-RESIDENCE WEEK**

Do not complete this section if you are applying for the Final Examination only. See Section II.

**In-Residence Week:** Sunday, May 16 – Friday, May 21, 2010 Location: University of Toronto, Mississauga Campus

Indicate any special requirements with respect to food: .....

Indicate any special requirements with respect to accommodation: .....  
 (Please be advised that roommates - same gender - will be assigned. Roommate requests are not permitted)

**Note:** We will attempt to accommodate you to the best of our ability. If we are unable to accommodate your needs, we will notify you prior to the event.

Indicate any outstanding program components that you will complete prior to your attendance. For those who are nearing completion, a discussion with the NL Institute is necessary to establish a learning plan to help you complete the academic or experiential requirements.

Modules/Interactive Workshops: ..... Expected Completion Date: .....

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**SECTION II: FINAL EXAMINATION**

Do not complete this section if you are applying for the In-Residence Week only. See Section I.

**FINAL EXAMINATION** – Part 1: Wednesday, June 23, 2010 (9:00 am – 1:00 pm) Part 2: Friday, June 25, 2010 (9:00 am – 1:00 pm)

Notify my supervisor of my successful completion of the examination.

Supervisor Name: ..... Position/Title: .....

Tel: ..... Fax: ..... E-Mail: .....

Address (if different from previous): .....

**Confidentiality:** Your application is confidential and will not be shared with third parties without your consent.

**Refund Policy:** Fees will be fully refunded only in the event of non-acceptance of an application or medical/family emergency. A cancellation fee + applicable taxes will be applied to cancellations made on or before April 23, 2010. Payment will not be refunded on cancellations received after this date.

**Venues:** Examination locations are established annually by the Provincial and Territorial Institutes based on numbers and geographic distribution of the candidates. You will be notified of your location by your Provincial or Territorial Institute.

**At the Examination:** Candidates will be required to present government-issued photo identification (e.g. driver's license). All examination documents must be returned to the examination coordinator/invigilator at the conclusion of the examination.

**Examination Marking:** Examination marking is performed professionally pursuant to PMAC guidelines, without knowledge of candidate identity, location, position or employer. Overall results are independently reviewed prior to communication of individual scores.

**Examination Results:** Individual results will be released no later than seventy-five (75) days from the examination date by your Provincial or Territorial Institute. The preferred mailing address indicated on this form will be used. Results will not be provided by telephone. All examination documents will be retained by PMAC for a period of one year.

**Appeals:** Unsuccessful candidates may request a formal review of their examination by submitting an Appeal Application form, along with a processing fee, within 30 days of the date of release of examination results.

**SECTION III: REGISTRATION AND FEE PAYMENT**

Only applications completed using this form and accompanied with full payment will be considered and processed.

All In-Residence Week and/ or Final Examination participants should note that video and/ or still photography may be taken at the events and could be used for promotional purposes.

**Registration/ Cancellation Deadline:** April 23, 2010 **Cancellation Fee:** \$250 + Taxes on or before April 23, 2010.

Registering for:	By March 1	After March 1	
<input type="checkbox"/> In-Residence Week & Final Examination	\$3,450.00	\$3,650.00	_____
<input type="checkbox"/> In-Residence Week only	\$2,950.00	\$3,150.00	_____
<input type="checkbox"/> Final Examination only	\$ 600.00	\$ 750.00	_____
		Sub-Total	_____
		Applicable Taxes (GST/HST)	_____
		Total	_____

Payment made by:  Cheque or Money Order  
 (Make payable to PMAC)

Please charge my:  VISA  M/C  AMEX

Cardholder's Name: \_\_\_\_\_

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

Expiry Date: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

I accept all conditions and decisions with regard to my qualifications and the examination process, including marking, right of appeal and subsequent awarding and use of the C.P.P.<sup>®</sup> designation.

Date: .....

Signature: .....

**Send application to:** NL Institute, c/o PMAC National office, 777 Bay Street, Suite 2701, Box 112, Toronto, ON M5G 2C8; E-mail: [info@pmac.ca](mailto:info@pmac.ca); Fax: 416-977-8886