

Lifetime Application Form

Certification is a mark of distinction. It sets the credentialed individual and his or her workplace apart from others in the same profession. A certified individual communicates that he or she has attained a certain level of expertise and is committed to maintaining the highest level of professionalism.

NCMA's certification program, in particular, sharpens candidates' focus. Certification provides a direct link between the individual in the workplace and the rest of the professional community. This link provides support, guidance, and opportunity.

Certification increases and enhances competition in the labor market. Employers also enjoy a level of assurance with respect to a certified individual's knowledge, application of that knowledge, and continued professional development.

For more information, visit our Web site at www.ncmahq.org/certification or call 800-344-8096.

Requirements

Lifetime certification applicants must be 60 years of age or have been continuously certified for a minimum of 20 years, and have an NCMA designation in good standing.

Application Form Instructions

List education, seminars, or other training, and submit verification evidence for each item listed. Examples of verification evidence include attendance rosters, copies of certificates, copies of official personnel records reflecting attendance, written verification from the sponsoring organization, copies of cancelled checks for symposia fees, verification by your employer, etc. Lifetime certification applicants with a current certification must include proof of age, by submitting a copy of a government issued i.d. (i.e. driver's license, passport, or military i.d.). Lifetime certification applicants who are also recertifying must include all required documentation. Requirements are 60 hours of contract management/business management training, 10 of which must have been completed within the final 18 months of the five-year period.

Lifetime Certification Application



Personal Information

If your transcripts, diploma, or certificates of completion identify you by a name other than the one you are applying under, please submit a copy of court records, marriage certificate, etc.

PREFIX FIRST NAME MIDDLE LAST NAME NICKNAME

MEMBERSHIP NUMBER CHAPTER DATE OF BIRTH (REQUIRED)

NCMA MEMBER? YES NO

CERTIFICATIONS: CFCM CCCM CPCPM

/ / / / / /
 CFCM EARNED: (DATE) CCCM EARNED: (DATE) CPCPM EARNED: (DATE)
 # # #
 CERTIFICATE NUMBER CERTIFICATE NUMBER CERTIFICATE NUMBER

Primary Contact Information (Required)

HOME BUSINESS

COMPANY NAME (IF APPLICABLE) STREET ADDRESS CITY STATE ZIP

TELEPHONE FAX E-MAIL (REQUIRED)

Secondary Contact Information

HOME BUSINESS

COMPANY NAME (IF APPLICABLE) STREET ADDRESS CITY STATE ZIP

TELEPHONE FAX E-MAIL

Application Fee (Nonrefundable)

Candidates who fail to submit their recertification application by the end of their recertification date, must demonstrate an additional twelve (12) CPE hours of education for every year expired. The applicant must also pay an additional \$25 late fee and an extra \$95 for each recertification period missed.

\$95 MEMBER \$150 LATE FEE
 \$95 NONMEMBER

Payment Method

CHECK ENCLOSED (PAYABLE TO NCMA) # _____ VISA MASTERCARD AMEX DISCOVER

ACCOUNT NUMBER EXPIRATION DATE TOTAL AMOUNT

NAME ON CARD SIGNATURE

For Office Use Only

Application Received		Notes:	Approval Date
Batch #			

Related Education and Training (within the last five years)

Please list and attach verification of required 60 hours of contract management/business management training, 10 of which must have been completed within the final 18 months of the five-year period.

TITLE OF SEMINAR, SYMPOSIUM, COURSE, ETC.	PROVIDER	DATES	HOURS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
			TOTAL HOURS

Contract Management Code of Ethics

Each member of the contract management profession (“the profession”) accepts the obligation to continuously improve one’s professional knowledge and job performance in the field of contract management, and to abide by the letter and spirit of the ethical standards set forth below.

Each member of the profession shall:

1. Strive to attain the highest professional standard of job performance, to exercise diligence in carrying out one’s professional duties, and to serve the profession to the best of one’s ability.
2. Conduct oneself in such a manner as to bring credit upon the profession, as well as to maintain trust and confidence in the integrity of the contract management process.
3. Avoid engagement in any transaction that might conflict or appear to conflict with the proper discharge of one’s professional duties by reason of a financial interest, family relationship, or any other circumstances.
4. Comply with all laws and regulations that govern the contract management process in the jurisdictions in which one conducts business, including protection of competition-sensitive and proprietary information from inappropriate disclosure.
5. Keep informed of developments in the contract management field, utilizing both formal training and ad hoc means, to continuously increase knowledge, skill, and professional competence.
6. Share one’s knowledge and experience openly to contribute to the development of other professionals, improve performance quality, and enhance public perception of the profession.
7. Not knowingly influence others to commit any act that would constitute a violation of this code.

Application Checklist

Submitted applications and documents will NOT be returned to candidates. Be sure to make a copy of all materials for your records. Application must contain:

- Signed and completed application form
- Copy of valid government issued i.d. (i.e. driver’s license, passport or military i.d.)
- Nonrefundable application fee
- Transcripts showing 60 continuing professional education hours

Update your primary e-mail settings to receive important e-mails from **certification@ncmahq.org** regarding your application status during the certification process.

Failure to submit a completed, organized, and legible application with the appropriate documentation will delay your application process. Incomplete applications will be held by NCMA for six months unless otherwise noted. Candidates who wish to apply after their application has been terminated MUST resubmit the application, application fee, and appropriate documents.

Affirmative Signature

I hereby affirm that all the statements and information set forth herein are true and correct to the best of my knowledge. I understand that any falsification or willful misrepresentation or omission tending to mislead NCMA will forfeit my rights to certification. I have read and understand the contents and professional implications of the Contract Management Code of Ethics and by signing this application, agree to be bound by the Code of Ethics.

SIGNATURE

DATE

NAME TO APPEAR ON CERTIFICATE (PLEASE PRINT)

Send completed application and supporting documents to:

NCMA
Attn: Certification Department
21740 Beaumeade Circle, Suite 125
Ashburn, VA 20147

OR
Fax: 703-448-0939
OR
E-mail: certification@ncmahq.org