



Application For Certification Exam



Please save an electronic copy of this application. The information will be needed to complete IFMA's online application.

Please fill in all applicable fields.

Please enter your name as it is shown on your government-issued photo ID.

Personal Information

Name: _____

Have you received your FMP? Yes No

Work Address

Company Name: _____

Title: _____

Street Address (No P.O. Boxes) : _____

City: _____ State/Province: _____ Zip/Mail Code: _____

Country: _____

Phone: _____ Fax: _____ Email: _____

Home Address

Street Address (No P.O. Boxes): _____

City: _____ State/Province: _____ Zip/Mail Code: _____

Country: _____

Phone: _____ Fax: _____ E-mail: _____

Current or Most Recent Employer

Organization Name: _____

Dates of Employment: _____ Title: _____

Immediate Supervisor Name: _____ Immediate Supervisor Title: _____

Use the space below to provide a detailed description of your major job activities and responsibilities related to facility management.



Application For Certification Exam



Next Most Recent Employer

Organization Name: _____

Dates of Employment: _____ Title: _____

Immediate Supervisor Name: _____ Immediate Supervisor Title: _____

Use the space below to provide a detailed description of your major job activities and responsibilities related to facility management.

Next Most Recent Employer

Organization Name: _____

Dates of Employment: _____ Title: _____

Immediate Supervisor Name: _____ Immediate Supervisor Title: _____

Use the space below to provide a detailed description of your major job activities and responsibilities related to facility management.

Next Most Recent Employer

Organization Name: _____

Dates of Employment: _____ Title: _____

Immediate Supervisor Name: _____ Immediate Supervisor Title: _____

Use the space below to provide a detailed description of your major job activities and responsibilities related to facility management.



Application For Certification Exam



Education

Name of Institution: _____
Month(s) & year(s) of attendance: _____
Major(s): _____
Highest Degree Earned & Date: _____

Address of Institution:

Name of Institution: _____
Month(s) & year(s) of attendance: _____
Major(s): _____
Highest Degree Earned & Date: _____

Address of Institution:

Name of Institution: _____
Month(s) & year(s) of attendance: _____
Major(s): _____
Highest Degree Earned & Date: _____

Address of Institution:

Continuing Education

Competency programs, conferences, and seminars

Program Title:	Date:	Location:
1: _____	_____	_____
2: _____	_____	_____

References

Name: _____
Title: _____
Organization: _____
Phone Number: _____

Address:

Name: _____
Title: _____
Organization: _____
Phone Number: _____

Address:

Name: _____
Title: _____
Organization: _____
Phone Number: _____

Address:



Application For Certification Exam



Essay

In the space below describe why you want to become a Certified Facility Manager and how your background qualifies you for this distinction.

Please save an electronic copy of this application. The information will be needed to complete IFMA's online application.