



iPMA

THE

International Professional Managers Association-UK



Post Experience Professional Licensing Registration Form

EXAMINATION DATE REQUIRED <i>(please tick)</i>			
Jan/Feb	<input type="checkbox"/>	March/April	<input type="checkbox"/>
		May/June/July	202
Closing Date		Closing Date	
		Specify Year	202

Name <i>(in Block Capitals)</i>			
IPMA- UK Registration Number <i>(if any)</i>			
Address			
Telephone		e-mail	
Preferred Examination Centre			
Name of Tuition Provider <i>(if any)</i>			

Subjects for Examination <i>(Please tick subjects required)</i>	
Strategic Issues in Management Consultancy	X
Strategic Issues in Crisis Management	X
Strategic Issues in International Business	X
Strategic Issues in Change Management & Organizational Transformation	X
Strategic Issues in Operations Management	X
Strategic Issues in Project Management	X

Note:

1. Applications for exemptions must be supported by documentary evidence of the qualifications which will form the basis for the request for exemptions.
2. Cancellations and amendments to this application are not permitted after the set closing date.
3. Late entries after two weeks of the closing date will not be accepted under any circumstances

DECLARATION

I certify that the information given is, to the best of my knowledge, accurate in all respects. On being accepted as registered student of the IPMA, I agree to abide by the regulations of the Association and comply with conditions of the course provider and of the assessment procedures as laid down and validated by the **IPMA**.

Signature: ----- **Date:** -----