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| This Certification Application Form MUST be completed together with your application. All boxed should be “Checked” [x]  |
| [ ]  | My application form and application checklist is duly completed and signed |
| [ ]  | I have met the minimum years of experience that is required for the certification that I am applying for:[ ]  1 years BC/DR/CM experience for BCCS or DRCS or CMCS or CCCS[ ]  3 years BC/DR/CM experience for BCCE or DRCE or CMCE or CCCE[ ]  1 year BC/DR or Audit experience for BCCA and BCCLA |
| [ ]  | I have attached a Microsoft Word Application form in the application.  |
| [ ]  | I have name my application form: YYYYMMDD(e.g. 20130102)-Certification Name(e.g. BCCE)-Name of Applicant(e.g. Name on certificate) |
| [ ]  | I am aware that the aapplication process will take about 4 to 8 weeks from date of first submission or revised submission. |
| [ ]  | I have sent the certification application to certification@bcm-institute.org |

**Purpose of Form**

The form is used as a checklist upon completion of your Certification Application Form. BCM Institute reserved the right to reject the application should there be missing submission and requirement.

In addition to the information required above for applications, the following should be provided. Please mouse over the box and click on the box to select “Checked” [x]  when the item is completed

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| **Section I: Certification Applications Information** |
|  | [ ]  | The information provided is complete and accurate. |

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| **Section II: Business Continuity / Disaster Recovery/ Crisis Management/ Crisis Communication BCM Audit Courses, Seminars and Conferences Attended** |
|  | [ ]  | I have provided the necessary Professional Certification that I have achieved. *Please enter the information in the required field where appropriate* |
|  | [ ]  | I have provide the necessary courses and/or conferences in the field of Business Continuity / Disaster Recovery/ Crisis Management that I have attended for the last three years. |
| **Section III: Business Continuity / Disaster Recovery/ Crisis Management / Crisis Communication BCM Body of Knowledge (BCMBOK)** |
|  | BCM Institute’s Body of Knowledge (BCMBOK):* BCMBoK 1: Project Management
* BCMBoK 2: Risk Analysis & Review
 |
|  | * BCMBoK 3: Business Impact Analysis
* BCMBoK 4: Business Continuity Strategy
* BCMBoK 5: Plan Development
* BCMBoK 6: Testing and Exercising
* BCMBoK 7: Program Management
 |
|  | **I have “Checked” the Certification Type that I am applying for.** |
|  | [ ]  | **Application of BCCS/ DRCS/CMCS/CCCS certification**. I have completed 3 out of the 7 BCMBOK of more than 1 year of relevant experience. |
|  | [ ]  | **(OR) Application of BCCE/ DRCE/CMCE/CCCE certification**. I have completed 5 out of the 7 BCMBOK with a minimum of 3 years of relevant experience. |
|  | [ ]  | **(OR) Application of BCCA and BCCLA certification**. I have completed 3 out of the 7 BCMBOK and had explained and demonstrate my experience in detail to exceed:1. One year of relevant audit experience **OR**
2. One year of relevant BC/DR/CM experience.
 |
|  | [ ]  | I have reviewed and verified that my detailed explanation of my experience for each BCMBOK exceeds 100 words. |
|  | [ ]  | I have taken the care to ensure that each BCMBOK contains the 3 essential justification: [ ]  What series of key activity that relate to the BCMBOK was performed?[ ]  How was it carried out? *Please be explicit and provide details on the extend of the work completed by yourself within your or client’s organisation. It must allow the reviewer to see the extent of your involvement in each submitted BCMBoK.*[ ]  When was it done?*Please state clearly period it was performed e.g. June 2011 to Jan 2012* |
|  | [ ]  | I have provided 2 references for each BCMBoK explained. *Example: people who could vouch for your experience. They are people you have worked with and they could be your superiors or colleagues, but not your subordinates.* |
|  | [ ]  | I have made the correct application processing fees payment.Receipt / paypal no: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | [ ]  | I hereby, confirm that all the above information and documentation included for my certification application form are in order. |
|  |  |  |
| **Name and Signature** *(Simply type your name as per the name to appear in the Certificate as an indication of signing this form)* |  |
| **Date of Submission** |  |