



Work Experience Evaluation Request (Optional)

I authorize ISM® to make any and all inquiries about the work experience documentation I am submitting for review for applicability to ISM's professional credentialing programs.

I understand that ISM does not allow candidates to self-validate work experience and that resumes and business cards are not accepted as documentation of titles or responsibilities. Documentation should be submitted on employer letterhead, have a current or previous supervisor or human resource department sign each letter, and include each title, and the length of time the title was held (from mo/yr to mo/yr).

I understand that if I am submitting documentation from a family owned business that it must be a legal entity to be considered and that I must also submit documentation from two external corroborating sources.

I acknowledge that for the CPSM®, ISM only accepts full-time professional (non-clerical, non-support) supply management experience and that ISM only considers candidates to have one full-time position at a time. Experience of less than 6 months unless contiguous with other acceptable experience will not be approved. ISM does not consider internships to be full-time professional work experience.

I acknowledge that for the CPSD®, ISM accepts full-time professional (non-clerical, non-support) experience where at least a component of the job is supply management or supplier diversity. Experience of less than 6 months unless contiguous with other acceptable experience will not be approved. ISM does not consider internships to be full-time professional work experience.

I understand that submitting false documentation for the purpose of this evaluation or original designation or recertification may result in my disqualification for ISM's designations.

I understand that the fee to review my documentation is US\$25.00 and that this charge will not be refunded if my experience is not accepted. I understand that work experience documents will not be returned to me. I also acknowledge that ISM will process this request within 4 weeks of receipt at their office.

☐ CPSM® ☐ CPSD®

Signature_____

First/Given Name_____ Family Name_____

ISM ID number (if known):_____

Email Address: _____ Phone_____

Home Mailing Address:_____

City_____ State/Province_____ Zip/Postal Code_____

I would like my evaluation (choose one): ☐ emailed ☐ mailed

Please submit this form and your work experience by email as attachments to membersvcs@ismworld.org or mail the completed form and copies of your work experience to Institute for Supply Management®, 309 W Elliot Rd #113, Tempe, AZ 85284. If you have any questions in regards to this form, please email us at membersvcs@ismworld.org or call 1.480.752.6276, opt. 8