



CIM CHARTERED MANAGERS CANADA
Established under Federal Charter (CIM)

**APPLICATION FOR DESIGNATION AS
Certified in Management (C.I.M.) with 2 Year Exemption**

This application form is for applicants' who do NOT qualify for the 2-year management/supervisory experience but still seek the C.I.M designation. ALL candidates applying under the 2-year exemption status MUST write a Management Ability Test, the Psymetrics Elite Manager Profile. Candidates who fail to receive a score of 60% or higher overall MUST also complete the Professional Development Program. A \$100 plus GST/HST administrative fee must accompany this application. The application will not be processed or approved until the fee has been paid. All applicants must be members in good standing with annual membership fees paid in full.

SECTION A: APPLICANT INFORMATION

Name _____

| | | |
|--|---------|-------------|
| | Surname | Given Names |
|--|---------|-------------|

Home address _____

| | | | | |
|--|--------|------|----------|-------------|
| | Street | City | Province | Postal Code |
|--|--------|------|----------|-------------|

Business Address _____

| | | | | |
|--|--------|------|----------|-------------|
| | Street | City | Province | Postal Code |
|--|--------|------|----------|-------------|

Home Telephone _____

| | | |
|-------------|----------------------|-------------|
| | Cell Phone/Other: | |
| (Area Code) | | (Area Code) |

Business Telephone _____

| | | |
|-------------|--------|--|
| | Email: | |
| (Area Code) | | |

Canadian Institute of Management Member in Good Standing: YES NO Member ID: _____

SECTION B: C.I.M. DESIGNATION ELIGIBILITY/REQUIREMENTS:

Completion of Canadian Institute of Management courses (8)
[four (4) mandatory courses and four (4) electives, or approved equivalencies] YES NO Year Graduated: _____

Copy of Official Transcript enclosed with application YES NO

Copy of current resume enclosed with application YES NO

SECTION C: MANAGEMENT ABILITY TESTING

All candidates who apply under the exemption of 2 years' managerial work MUST complete the Management Ability Test/ Psymetrics Elite Manager Profile and pass with a minimum score of 60% overall. Once you pay for the test you will be given an ETicket. You will use the ETicket to access your test. You have two months to complete the test online at your convenience.

| | | | |
|---|------------------------------|-----------------------------|--|
| | YES <input type="checkbox"/> | NO <input type="checkbox"/> | OFFICE USE ONLY C.I.M designation eligibility Is the Development program required? If yes, forward package |
| Test Completed | | | YES <input type="checkbox"/> |
| The Head Office will be sent the results of your Management Ability Test/ Psymetrics Elite Manager Profile and the results will be communicated to you. | | | NO <input type="checkbox"/> |
| | | | Score obtained |
| Assessment Drive | | | |
| Assertiveness | | | |
| Leadership | | | |
| Self-Confidence | | | |
| Stress Management | | | |
| Supervision | | | |

If you received a score of 60% or higher your application for the C.I.M designation under the 2-year exemption status is complete upon submission of all relevant documents and applicable fees to the Head Office. If you failed to receive 60% overall, please download the Professional Development Program forms from the National website and proceed to Section D below.

You can request a Professional Development Program package from the Head Office or online from the CIM website.

SECTION D: CHECKLIST FOR THE PROFESSIONAL DEVELOPMENT PROGRAM

| | | | |
|---|------------------------------|-----------------------------|---|
| | YES <input type="checkbox"/> | NO <input type="checkbox"/> | OFFICE USE Received from Mentor YES <input type="checkbox"/> |
| PROTÉGÉ AGREEMENT FORM: FORM A | | | |
| MENTOR AGREEMENT FORM: FORM B | | | |
| DEVELOPMENT TABLE OF ACTIVITIES: FORM C | | | |

AUTHORIZATION

I authorize the Canadian Institute of Management to confirm the information provided with this application. If accepted as Certified in Management (C.I.M.), I agree to commit to and abide by the intent of the Code of Ethics, participate in CIM functions, and remain a member in good standing at all times (pay appropriate membership fees).

Signature of Applicant

Date (dd-mm-yy)

Mail (or email) the completed form to:

CIM Head Office
311- Bradford Street
Barrie, ON L4N 6S7

office@cim.ca