



Canadian Institute of Management

Published under Federal Charter (CIM)

Application for Designation as Certified in Management (C.I.M.)

Name _____
Surname Given Names

Home Address _____
Street City Province Postal Code

Business Address _____
Name

Street City Province Postal Code

Telephone (Area Code) _____
Residence (Area Code) Business

Email Address _____

Canadian Institute of Management Member in Good Standing: [] Yes [] No Member ID: _____

C.I.M. Designation Eligibility/Requirements:

Completion of Canadian Institute of Management courses (8) [] Yes Year Graduated: _____
[four (4) mandatory courses and four (4) electives, or approved equivalencies]

Original Official Transcript enclosed with application [] Yes

Copy of current resume enclosed with application [] Yes

Two (2) Business Reference letters, submitted on CIM
Reference letter template, enclosed with application [] Yes

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 abide by the intent of the Code of Ethics, participate in CIM functions, and remain a member in good standing (pay appropriate membership fees).

Signature of Applicant

Date

Mail the completed form to
CIM Head Office
Suite 311
80 Bradford Street
Barrie, ON L4N 6S7

REFERENCE LETTER

PLEASE NOTE: TWO (2) REFERENCE LETTERS ARE REQUIRED

Confirmation of Certified In Management experience for: _____
(Name of Applicant)

Your name has been given by the above-mentioned applicant as a reference in confirmation of his/her management/supervisory experience.

The application in question is for the designation of "C.I.M." (Certified In Management) in recognition of academic qualification and experience acquired in the field of management. This designation is granted by the Canadian Institute of Management in accordance with established criteria.

We would appreciate it, if you could supply the information indicated below and return it to the applicant at your earliest convenience.

As provided by: _____
(Name of Person supplying reference)

Applicant's Company or Organization: _____

Applicant's Position Held: _____

Brief description of duties and responsibilities (please provide any additional information or achievements of the applicant which you feel may be of significance):

IF ADDITIONAL SPACE IS REQUIRED, PLEASE USE THE REVERSE SIDE OR ATTACH ADDITIONAL PAGE.

Signature _____ Date _____

Please provide a telephone number where you can be contacted during the day: (_____) _____

PAYMENT INFORMATION (Note: Please refer to www.cim.ca for applicable Chapter Membership and National Application fee on the Fee Schedule)

TOTAL FEE PAID	
PAYMENT METHOD CHEQUE <input type="checkbox"/> MONEY ORDER <input type="checkbox"/> CREDIT CARD <input type="checkbox"/>	
CREDIT CARD #	EXPIRY DATE
CARD TYPE MASTERCARD <input type="checkbox"/> VISA <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/>	
SIGNATURE	DATE

RETURN TO CIM HEAD OFFICE:

Canadian Institute of Management
311- 80 Bradford Street
BARRIE, ON L4N 5S7

Tel: 1 (519) 728-9771
Email: office@cim.ca