

You can report your PDU activities online at <https://ccrs.pmi.org> to expedite processing.

To complete this form you must complete all fields:

You can save the form to your desktop, type in your information, and submit it by email at [certccr@pmi.org](mailto:certccr@pmi.org) OR Print the form. Please use blue or black ink and print all information carefully using CAPITAL LETTERS. Submit it by postal mail or fax: Project Management Institute, Attn.: CCR Records Office, 14 Campus Blvd., Newtown Square, PA 19073-3299 USA. Fax: +1 484 631 1332

\* Indicates that information is required. All information and documentation must be written in English.

## 1. CONTACT INFORMATION

\*PMI Member ID#:

--	--	--	--	--	--	--

If you are a member of PMI you have an ID number. Your ID number is on the membership card you received in your welcome kit when you joined. If you've lost your PMI member ID number you may contact PMI Customer Care at +1-610-356-4600, or send e-mail to [customercare@pmi.org](mailto:customercare@pmi.org).

*Prefix (Mr., Mrs., Ms., Dr.):	*First Name (given name):	Middle Name:	
*Last Name (family name, surname). Candidates with only a single name should use last name field:			Suffix:
*Address:	*City:	*State/Province/Territory:	
	*Country:	*Zip/Postal Code:	
*Preferred Email:	*Preferred Phone Number:	Extension:	

## 2. PDU INFORMATION

*If you report an activity in Category A, complete Sections 3 and 5 before you submit this form. If you report an activity in any other category, complete Sections 4 and 5 before you submit this form.*

\*Choose the single correct category for which you are submitting a PDU claim.

<b>Educational Activities</b> <input type="radio"/> Category A: Courses offered by PMI's R.E.P.s PMI's chapters/communities of practice <input checked="" type="radio"/> Category B: Continuing Education offered by a University/college, or a training organization NOT registered with PMI <input type="radio"/> Category C: Self-Directed Learning	<b>Giving Back to the Profession Activities</b> <input type="radio"/> Category D: Creating New Knowledge <input type="radio"/> Category E: Volunteer Service <input type="radio"/> Category F: Work as a Project Professional
---	--

## 3. ACTIVITY INFORMATION - Category A (for Category A activities only)

Provider Name:	Provider Number:	Start Date (mm/dd/yy):
Activity Name:	Activity Number:	Completion Date (mm/dd/yy):

<b>This activity met all stated objectives:</b> <input type="radio"/> Strongly agree <input type="radio"/> Agree <input type="radio"/> Somewhat agree <input type="radio"/> Somewhat disagree <input type="radio"/> Strongly disagree	<b>Satisfaction with this provider:</b> <input type="radio"/> Excellent <input type="radio"/> Very good <input type="radio"/> Good <input type="radio"/> Fair <input type="radio"/> Poor
--	---

*If you report an activity in Category A, also complete Section 5 before you submit this form.*

## 4. ACTIVITY INFORMATION – For All Non-Category A Activities

Enter the **Activity Title/Description** in the appropriate field below. Use the guidelines to help you.

Category B: enter activity title/description

Category C: enter name of activity

Category D: enter title of article / course / webinar / etc.

Category E: enter activity and/or position

Category F: enter job / position title

Activity Title/Description:		
Start Date (mm/dd/yy):	Completion Date (mm/dd/yy):	Hours Completed:

### Activity Contact Information

Enter the Activity Provider Name in the appropriate field below. Use the guidelines to help you.

Category B: enter organization that conducted training/education

Category C: enter name of organization or individual that provided resources

Category D: enter name of organization where the material was published or presented

Category E: enter name of organization where you volunteered

Category F: enter name of the organization you worked for

Organization Name: <b>TechSherpas</b>			
Address: <b>5404 Cypress Center Drive Suite 125</b>	City: <b>Tampa</b>	State/Province/Territory: <b>FL</b>	
	Country: <b>USA</b>	Zip/Postal Code: <b>33609</b>	
Provider's Email Address: <b>info@techsherpas.com</b>		Phone Number: <b>(813)287-8876 Toll Free (866)704-9244</b>	Extension
URL (web address): <b>www.techsherpas.com</b>			

## 5. PDUs

\*PDU Quantity per Credential

PMP / PgMP:	PMI-SP:	PMI-RMP:	PMI-ACP:
-------------	---------	----------	----------

By submitting this claim, I attest that the information I have provided is correct. I understand that any misrepresentation or incorrect information provided may result in disciplinary action, including suspension or revocation of my PMI certification.

\*Signature (Electronic signature acceptable) (format of electronic signature: //First Name Last Name//)

\*Date (dd/mm/yyyy)