

Applicant Information (Please type in English language)

Prefix _____ First Name (no initials) _____ Middle Initial _____ Last Name _____

Informal Name / Name to be used on name badge when attending ISPE events _____

Gender Female Male Job / Occupation Title _____

Company Name or Organization _____

Check Mail Preference

Business Street Address _____ Suite _____
 PO Box _____ Mail Stop Code _____
 City or Suburb _____ State / Province _____
 Zip+4 / Postcode _____ Country _____
 Business Telephone _____ Business Fax _____
 Business E-mail Address _____

Home Address (for office use only) _____ Apartment _____
 City or Suburb _____ State / Province _____
 Zip+4 / Postcode _____ Country _____
 Home Telephone _____ Home Fax _____
 Mobile (optional) _____ Home E-mail Address _____

I wish to keep my data confidential and only used by ISPE and ISPE-PCC.

I am a current ISPE Member. Membership # _____

What is your Primary Company Type? (select one)

Manufacturer/Operating

- 1. Traditional Pharmaceuticals
- 2. Biopharmaceuticals/Biotechnology
- 3. Contract
- 4. Generic
- 5. Veterinary Medicine
- 6. Medical Devices/Diagnostics
- 7. Bulk/API
- 8. Cosmetics
- 9. Food/Nutraceuticals

Service Provider

- 10. Engineering/Architecture
- 11. Consulting
- 12. Validation/Qualification/Commissioning
- 13. CRO – Clinical or Contract Research
- 14. Construction Services Contractor
- 15. Facilities/Equipment Maintenance
- 16. IT/Computer Services

Supplier

- 17. Equipment/Components
- 18. Packaging Materials
- 19. Clinical/Investigational Materials
- 20. Software/Hardware Products
- 21. Chemicals/Intermediates

Academia

22. Academia

Public Authority/Government

- 23. Public Authority/Government
- 99. Other

What is your Primary Area of Expertise? (select one)

- A. Architect/Engineer/Construction
- B. Clinical/Investigational Materials
- C. Health/Safety/Environmental
- D. Information Technology
- E. Logistics/Supply Chain Management
- F. Maintenance
- G. Operations/Manufacturing
- H. Process Control/Automation
- I. Process Development/Technology Transfer
- J. Project Management
- K. Quality Assurance/Control
- L. Regulatory/Compliance
- M. Research and Development
- N. Sales/Marketing/Business Development
- O. Technical Services/Product Support
- P. Training
- Q. Validation/Qualification/Commissioning
- ZZ. Other _____

YEARS IN PHARMACEUTICAL INDUSTRY:

- 5-14
- 15-19
- 20 and more years

CPIP-EA-1 Application continued on next page

Education (Academic Degrees)

Please fill-in this entire section. List the degrees for which you are seeking credit. Non-degree education or partially completed degree programs will not be accepted. Original official learning institution transcripts must be submitted by the learning institutions in sealed envelopes for eligibility consideration. **COPIES WILL NOT BE ACCEPTED.**

For each degree (use additional sheets if necessary):

Institution Name _____

Location (City/State/Province/Country) _____

Degree Name _____ Curriculum/Major _____

Date Degree Awarded (Yr/Mo/Day) _____ Institution and Curriculum Accredited by _____

Check: Official transcript being sent to ISPE-PCC by learning institution

Application Fees and Payment Information (Please indicate the fee amount and payment type being submitted)

ISPE member: US Dollar \$125.00 Euro €93.00

Non-member: US Dollar \$225.00 Euro €167.00

Payment or credit card information MUST accompany application. No purchase orders will be accepted.

Check or money order # _____ enclosed payable to ISPE in the amount of USD \$ _____ (drawn on a US bank) or Euro € _____

Credit Card - choose type: VISA Master Card/EUROCARD AMEX

Card Number _____ Expiration Date _____

Name of Cardholder (as it appears on card) _____ Cardholder Signature _____

Mail the application forms and associated documents to: ISPE, 3109 W. Dr. Martin Luther King Blvd., Suite 250, Tampa, Florida 33607, USA
Attention: Professional Certification Department – CPIP Application

Professional Experience

Please fill-in a separate form (CPIP-EA-2 – Applicant Professional Experience Form) for each competency exemplar for which credit is being claimed. The applicant will need to identify experience in a minimum of five of the nine exemplars associated with competencies #2, #3, & #4 (Refer to Eligibility Application Handbook Section III.) Each competency exemplar form must be signed by the individual(s) (Supervisor of work colleague) directly familiar with the experience(s) being submitted for credit.

Acknowledgement, Release and Indemnification

I, the CPIP applicant, affirm that the information contained in this Eligibility Application is true, complete, and correct to the best of my knowledge. I accept and agree to abide by all conditions set forth in the Certified Pharmaceutical Industry Professional™ Eligibility Application Handbook. I agree to provide ISPE any information relevant to my certification or re-certification. I further understand that the ISPE-PCC reserves the right to verify any or all information contained in this Application and that, if any information is later determined to be false or constitute misrepresentation, the ISPE-PCC reserves the right to revoke or take disciplinary action regarding any certification that has been granted. I understand that CPIP certification does not certify or in any way guarantee the quality of my professional work. I therefore agree to indemnify and hold harmless ISPE, and its officers, directors, affiliates, employees, and agents, from and against all liability and claims (including reasonable attorney's fees) that may arise out of, or be related to, my professional activities, or any action or decision of the ISPE-PCC, its employees or agents, made or conducted in pursuance of their duties in connection with this Application, the examination, the scores given with respect to any examination, any subsequent action taken in relation to my certification, or the failure of the ISPE-PCC to issue me a certificate. I understand and agree that any decision concerning my qualification for any credential, as well as any decisions regarding my continuing qualification for any credential and my compliance with the Code of Ethics and Professional Conduct, rest within the sole and exclusive discretion of the ISPE-PCC and that these decisions are final.

I hereby apply for eligibility as a candidate for the CPIP credential, and if deemed eligible by the ISPE-PCC, agree to abide by the ISPE-PCC Code of Ethics and Professional Conduct.

Applicant Name (Printed)

Applicant Signature

Date (Yr./Mo./Day)

ISPE-PCC Internal Use Only			ATT#
Date Received _____	<input type="checkbox"/> Form CPIP-EA-1 <input type="checkbox"/> Form CPIP-EA-2 Qty: _____	PCD Education Review <input type="checkbox"/> Complete Date _____	<input type="checkbox"/> Incomplete
Date Received _____	<input type="checkbox"/> Reference Letters Qty: _____	EC Prof. Exp. Review <input type="checkbox"/> Complete Date _____	<input type="checkbox"/> Incomplete
Date Received _____	<input type="checkbox"/> Original Official Transcript	Candidate Notification <input type="checkbox"/> Eligible Date _____	<input type="checkbox"/> Ineligible