

**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-TA-1 Application continued on next page.

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

ISPE member:  US Dollar \$350.00  Euro €259.00  
Non-member:  US Dollar \$460.00  Euro €341.00

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 Examination Application

**Acknowledgement, Release and Indemnification**

I, the CPIP applicant, affirm that the information contained in this Examination 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 further understand and agree that all CPIP examination related information and materials, including the test questions and answers, are the confidential and copyright property of the ISPE-PCC. I will maintain the confidentiality of, and not disclose to or receive from any other person through any means, any information with respect to such information or materials, and specifically will not disclose or divulge to or receive from any person any part or all of any question or the answers in the examination at any time, during the examination or thereafter. I understand that the ISPE-PCC may take legal action against me if I breach this confidentiality obligation. I further agree to comply with all policies and procedures related to the examination, including compliance with proctor instructions.

I hereby apply for the CPIP examination 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) \_\_\_\_\_

Americans with Disabilities Act (ADA) Accommodations  (check if requested)

State the accommodations being requested (please be specific) and reason for the request:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant Name (Printed) \_\_\_\_\_ Applicant Signature \_\_\_\_\_ Date (Yr./Mo./Day) \_\_\_\_\_

**ISPE-PCC Internal Use Only**

Application Received Date _____	<input type="checkbox"/> Applicant Profile updated (IMIS)
Candidate Notification Date _____	<input type="checkbox"/> Accepted <input type="checkbox"/> Denied
Prometric Notification Date _____	