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## Re-Certification Application - Certified Test Manager (CTM)

*(To be submitted only after completing all of the re-certification requirements)*

Name as you wish it to appear on the diploma (Please print)

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Address where the diploma should be mailed to:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### **OPTIONAL:**

I grant IIST the right to publish my name on its web site and other media as recipient of the certification

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail this application with the non-refundable processing fee of \$180 to the address below. All graduation applications are processed quarterly: March 31, June 30, and September 30, December 31

### **Payments: Methods:**

U.S. Check - All checks should be made payable to Software Dimensions and mailed to the address below.

Credit Card - Fill out the information below if you would like to pay using a credit card. We will need a signature below in order to process your credit card information. We accept VISA, AMEX, MasterCard and Discover. This form should be mailed to the address below or faxed to: (763) 546-0075.

**Card Number:** \_\_\_\_\_ **Card Type:** \_\_\_\_\_

**Exp. Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Card Holder name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

### **Mailing Address:**

International Institute for Software Testing  
636 Mendelssohn Ave. North  
Golden Valley, MN 55427

If you have any questions, please contact the Registrar at 763-546-0072.

**Completed Work:**

An applicant shall complete a total of 10 educational units as described in the table below. Please complete the following application for re-certification based on this table.

Category A: Minimum 4 units and up to 10 units	Category B: Maximum 6 Units with no minimum	Category C: Maximum 4 units with no minimum
<ul style="list-style-type: none"> <li>• Classroom courses with written exams.</li> <li>• Course topics are up to the applicant’s choice, but must be in software testing or software engineering.</li> <li>• Each day counts as one unit.</li> <li>• College level courses on software testing or quality topics taken for credits will count as one unit for each one quarter or semester credit hour.</li> <li>• Applicants must submit evidence of successful completion of the course and passing the exam.</li> </ul>	<ul style="list-style-type: none"> <li>• Classroom courses with no exam required.</li> <li>• Course topics are up to the applicant’s choice, but must be in software testing or software engineering.</li> <li>• Each day counts as one unit.</li> <li>• Applicants must submit evidence of successful completion of the course</li> </ul>	<ul style="list-style-type: none"> <li>• Presentations at professional conferences; each presentation counts for 2 units</li> <li>• Publications in professional journal, magazines, or electronic forums; each publication counts for 2 units</li> <li>• Attending conferences; each day counts as ½ unit</li> <li>• Web-based courses requiring an exam; each course regardless</li> </ul>

**Category “A” Courses (Classroom courses with written exams)**

Course Title: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Result: \_\_\_\_\_

Evidence of completion submitted: (Circle one) Yes / No

Evidence of passing exam submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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**Number of Educational Units Earned per Above Table:** \_\_\_\_\_

**Category "A" Courses (Classroom courses with written exams)**  
**(Continued)**

Course Title: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Result: \_\_\_\_\_

Evidence of completion submitted: (Circle one) Yes / No

Evidence of passing exam submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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Course Title: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Result: \_\_\_\_\_

Evidence of completion submitted: (Circle one) Yes / No

Evidence of passing exam submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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Course Title: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Exam Result: \_\_\_\_\_

Evidence of completion submitted: (Circle one) Yes / No

Evidence of passing exam submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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(USE ADDITIONAL SHEETS IF NEEDED)

**Number of Educational Units Earned for Category "A" \_\_\_\_\_**

**Category “B” Courses (Classroom courses without written exams)**

Course Title: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Evidence of completion submitted: (Circle one)    Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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Course Title: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Evidence of completion submitted: (Circle one)    Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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Course Title: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Evidence of completion submitted: (Circle one)    Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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Course Title: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Evidence of completion submitted: (Circle one)    Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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(USE ADDITIONAL SHEETS IF NEEDED)

**Number of Educational Units Earned for Category “B”** \_\_\_\_\_

**Category “C” Courses (Professional Development Activities)**

Activity: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Evidence of completion submitted: (Circle one)    Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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Activity: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Evidence of completion submitted: (Circle one)    Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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Activity: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Evidence of completion submitted: (Circle one)    Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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Activity: \_\_\_\_\_

Duration: \_\_\_\_\_ Date: \_\_\_\_\_

Course provider: \_\_\_\_\_

Evidence of completion submitted: (Circle one)    Yes / No

Number of Educational Units Earned per Above Table: \_\_\_\_\_

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(USE ADDITIONAL SHEETS IF NEEDED)

**Number of Educational Units Earned for Category “C”** \_\_\_\_\_