



**Application for Re-Certification
Certified Test Manager (CTM)**

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

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

Address where you want the certificate to be mailed:

Signature: _____

Date: _____

Mail this application with the non-refundable processing fee of \$180 to the address below. The processing fee is to cover the cost of the engraved plaque and other record keeping expenses. All graduates are processed quarterly: December 31, March 31, June 30, and September 30.

Payments: Methods:

U.S. Check - All check 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: _____

Exp. Date: _____

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"> • Classroom courses with written exams. • Course topics are up to the applicant’s choice, but must be in software testing or software engineering. • Each day counts as one unit. • 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. • Applicants must submit evidence of successful completion of the course and passing the exam. 	<ul style="list-style-type: none"> • Classroom courses with no exam required. • Course topics are up to the applicant’s choice, but must be in software testing or software engineering. • Each day counts as one unit. • Applicants must submit evidence of successful completion of the course 	<ul style="list-style-type: none"> • Presentations at professional conferences; each presentation counts for 2 units • Publications in professional journal, magazines, or electronic forums; each publication counts for 2 units • Attending conferences; each day counts as ½ unit • Web-based courses requiring an exam; each course regardless of length counts as ½ unit

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

Course Title: _____

Duration: _____ **Date:** _____

Course provider: _____

Exam Date: _____ **Exam Result:** _____

Evidence of completion submitted: _____

Evidence of passing exam submitted: _____

Number of Educational Units Earned per Above Table: _____

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

Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Exam Date: _____ Exam Result: _____

Evidence of completion submitted: _____

Evidence of passing exam submitted: _____

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: _____

Evidence of passing exam submitted: _____

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: _____

Evidence of passing exam submitted: _____

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: _____

Number of Educational Units Earned per Above Table: _____

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Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: _____

Number of Educational Units Earned per Above Table: _____

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Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: _____

Number of Educational Units Earned per Above Table: _____

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Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: _____

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: _____

Number of Educational Units Earned per Above Table: _____

=====

Activity: _____

Duration: _____ **Date:** _____

Course provider: _____

Evidence of completion submitted: _____

Number of Educational Units Earned per Above Table: _____

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Activity: _____

Duration: _____ **Date:** _____

Course provider: _____

Evidence of completion submitted: _____

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" _____

Total Number of Educational Units Earned per the Above Table (10 Required): TOTAL: _____