



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 certification plaque (Please print)

Address where you want the plaque to be mailed:

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone Number: _____ Email: _____

PLEASE MAKE SURE THE FOLLOWING TWO REQUIREMENTS ARE SATISFIED:

- I have completed the educational requirements
- I have enclosed a letter of support for the job experience requirement

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 \$120 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: March 31, June 30, and September 30, December 31

Graduates will receive their graduation package approximately four weeks after the quarterly processing date.

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: _____

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.