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ISM Continuing Education Documentation Request Form

Please see back of form for detailed instructions

THIS FORM MAY BE COPIED

PROGRAM (Type): ISM Affiliate Pre/Post Dinner ISM Affiliate (other programs) All other programs
 (Check one) C.P.M. and/or A.P.P. Review Programs Conference

Program Date(s) March 18, 2004 Location San Antonio, TX
 Program Title Negotiating for Profit Main Subject Negotiation

(Mail Form To)

Program Director Laura Mendel, C.P.M.
 Address 6655 Lancer Blvd
 City/State/Zip San Antonio, TX 78219
 Telephone # (210) 310-7094
 Email address: lmendel@lancercorp.com

Sponsoring Organization/Company

ISM San Antonio
 Instructor **Norbert J. Ore**
 Address **5147 Kim Place**
 City/State/Zip **Dunwoody, GA 30338**
 Telephone # **(770) 451-0516**
 Email address: njore5100@bellsouth.net

EVALUATION FORM to be used (Check one): ISM form (ISM will provide copy) Other (attach sample)

DESCRIBE ATTENDANCE CONTROL (e.g., sign in roster) Sign in Roster
 INSERT PROGRAM AGENDA – **THIS INFORMATION MUST BE PROVIDED HERE.** See example.
 DO NOT INCLUDE BREAKS OR LUNCH TIME IN TOTAL (Use additional sheet if necessary).

DAY ONE EDUCATIONAL HOURS DAY TWO EDUCATIONAL HOURS

8:00 – 10:15a.m./Seminar	2.25		
10:15 – 10:30a.m./Break	0		
10:30 – 12:00 Seminar	1.50		
12:00 – 1:00 Lunch	0		
1:00 – 2:30p.m. Seminar	1.50		
2:30 – 2:45p.m. Break	0		
2:45 – 4:30p.m. Seminar	1.75		

Day One Total 7.0

Day Two Total 0.0

TOTAL HOURS ALL DAYS 7.0

I certify that the number of hours shown above is correct.

ISM reserves the right to include information on this program in its publications/communications and online service.

Program Director's Signature _____ Date _____

NOTE: APPROVAL OF THIS REQUEST NEITHER IMPLIES NOR CONSTITUTES APPROVAL, ENDORSEMENT, OR SPONSORSHIP OF PROGRAM CONTENT BY THE INSTITUTE FOR SUPPLY MANAGEMENT™ OR ANY AFFILIATE ASSOCIATION.

ACCEPTED	MORE INFORMATION NEEDED
PROGRAM # _____	Applications will be processed when the following are received: ___ Printed program brochures, or detailed program outline. ___ Length of program, in contact hours (to assign educational hours) ___ Please complete this form ___ Other _____
# OF CONTINUING EDUCATION HOURS _____	
DATE REVIEWED _____ INITIALS _____	

Evaluation Forms Returned? ___ Yes ___ No Date _____

Roster Included? ___ Yes ___ No Date _____

Please read instructions on reverse side carefully

INTRODUCTION: This form is used by program directors to ensure the documentation of continuing education hours for those applying for C.P.M. recertification or A.P.P. reaccreditation. Subject matter must be purchasing, supply management, or business related. Each educational event must be at least one hour in length to qualify for consideration

C.P.M. RECERTIFICATION AND A.P.P. REACCREDITATION CANDIDATE

DOCUMENTATION REQUIREMENTS: C.P.M. recertification candidates may add the number of hours corresponding to each educational event attended, then divide the total number of hours by 7, to determine the number of C.P.M. points earned. A.P.P. reaccreditation candidates simply report educational hours earned for reaccreditation. Candidates for either program should obtain an appropriate program application for additional details. **Your job as program director of a program that has been assigned a program number for Continuing Education Hours is to provide the individual with the appropriate documentation verifying: 1) their attendance at a program that meets subject requirements and 2) the number of educational hours they may claim.**

The achievement award or conference documentation form will accomplish this task as long as it contains the program name, ISM program number, appropriate signature, and the

program title and dates. **Due to the size and length of conferences, the documentation you provide for conferences is different than for programs. Please note the differences outlined below. Please allow FOUR WEEKS for approval processing.**

CEUs: CEUs are easily converted to continuing education hours (CEHs). For example: .6 CEUs is equivalent to 6 continuing education hours; 1.0 CEUs is equivalent to 10 continuing education hours, and so on. ISM's assignment of continuing education hours will always supercede CEUs when both have been assigned. Programs need to be approved PRIOR to program date.

ANNUAL PROGRAMS: Programs that change annually (e.g., conferences and pre/post dinner meetings) need to have a form submitted each year for a new program number.

Numbers assigned annually begin with the prefix "ANN".

REPEATED PROGRAMS: Programs that can be repeated without material changes in content and length are assigned a number that can be used for three years. Numbers are assigned with the prefix "SPC" and include the last two digits of the year in which the program is approved. For example, a program assigned the number SPC-98-0001 would need to be resubmitted in late 2001 for the year 2002. (Note: Resubmit for new number assignment any programs that have changed in length or content.)

PROGRAM DIRECTOR RESPONSIBILITIES

BEFORE	
<p>Seminars/Programs</p> <ul style="list-style-type: none"> - Complete the <i>ISM Continuing Education Documentation Request Form</i> and send to ISM at least four weeks prior to the date you need the program number for your brochure. 	<p>Conferences</p> <ul style="list-style-type: none"> - Complete the <i>ISM Continuing Education Documentation Request Form</i> and send to ISM at least four weeks prior to the date you need the program number for your brochure. BE SURE TO INCLUDE AN AGENDA OF EVENTS. A Conference Documentation Form is created by you, as a sponsor and provided to each attendee. ISM will provide a sample in the packet we provide.
DURING	
<p>Seminars/Programs</p> <ul style="list-style-type: none"> - Take attendance, pass out and collect evaluation forms. - Distribute award certificates to attendees at conclusion. 	<p>Conferences</p> <ul style="list-style-type: none"> - Distribute <i>Conference Documentation Form</i> to each attendee at the beginning of the conference. Note: the <i>Conference Documentation Form</i> cannot be distributed after the conference. You do not collect the <i>Conference Documentation Form</i>. All attendees sign off and keep their form until they apply for C.P.M. recertification and/or A.P.P. reaccreditation.
AFTER	
<p>Seminars/Programs</p> <ul style="list-style-type: none"> - Create a roster of attendees (including their address & phone number) and send to ISM along with completed evaluation forms. 	<p>Conferences</p> <ul style="list-style-type: none"> - Create a roster of attendees, (including their address and phone number) and send to ISM.

ISM RESPONSIBILITIES

Evaluate the program, assign educational contact hours, and send a packet to the program director that includes:

RETURN PACKET	
<p>Seminars/Programs</p> <p>(1) Assigned program number; (2) Memorandum list of packet enclosures; (3) Advertising and Printing Guidelines; (4) Guidelines for using your own evaluation form; (5) Achievement award master-copy form or use your own design; (6) Program evaluation form to copy; (7) Sample Roster (8) Additional <i>ISM Continuing Education Documentation Request Form</i>.</p>	<p>Conferences</p> <p>(1) Assigned program number; (2) Memorandum list of packet enclosures; (3) Sample of <i>Conference Documentation Form</i> (4) Advertising and Printing Guidelines; (5) Sample Roster (6) Additional <i>ISM Continuing Education Documentation Request Form</i>.</p>

MAIL TO: ISM Certification Department Secretary
2055 East Centennial Circle
Post Office Box 22160
Tempe, Arizona 85285-2160 USA

FAX TO:
480/752-7890:

QUESTIONS:
Certification Secretary
480/752-6276 Ext. 3044

11/30/01