

INFORMATION

SCMA understands that many professionals seeking the SCMP designation have, through experience, gained invaluable business knowledge. Prospective candidates who have strategic supply chain management field of practice knowledge obtained through 10 years or more of relevant supply chain experience, 5 years of which must be at a Mid-Career (management) level or higher (see the SCMA Education Handbook for definitions) may be eligible to apply their work experience towards exemption from the post-secondary education admissions requirements for entry into the SCMP designation program.

Submission of the following documents is required along with this Application form and a fee of **\$100.00+ GST**:

1. Completed Work Experience Recognition form
2. Completed Admission Application into the SCMP designation program
3. In addition to the forms, you will need to include the following:
 - (relevant documentation must come directly from your current and/or previous organization)
 - Current or if unemployed, most recent Job position (including title changes);
 - Current or most recent Employer organization description;
 - Current or most recent Employment status
 - Post-Secondary transcripts if applicable
4. Employment confirmation and/or employer reference letters stating positions held with corresponding scope of responsibilities; (relevant documentation must come directly from your current and/or previous organization)
 - Detailed position descriptions; and
 - Current resume; and
 - Organizational chart to illustrate functional level and position

PAYMENT INFORMATION

Only applications completed using this form and accompanied by full payment and supporting documentation will be considered and processed. The complete assessment will be e-mailed to you within 4-6 weeks.

| | | | | |
|-------------------------|-------------------------------|-------------------------------------|--------------------------------------|---|
| Payment method: | <input type="checkbox"/> Visa | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Money Order | <input type="checkbox"/> Cheque (payable to SCMABC) |
| Card Number: | | | Exp. (MM/YYYY): | |
| Cardholder's Name: | | | | |
| Cardholder's Signature: | | | | |

Please send all enquiries, completed applications and payment to:

SCMABC
 #300 – 435 Columbia Street
 New Westminster, BC V3L 5N8
 Fax: (604) 540-4023
 E-mail: ginny@scmabc.ca

PERSONAL INFORMATION

| | | | | | | | |
|--|------------------------------|-------------------------------|------------------------------|--|--|--|--|
| SCMA ID/ Member # (if applicable): | | | | | | | |
| Name: | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Ms. <input type="checkbox"/> | | | | |
| Employer: | | | | Title: | | | |
| Employer Address: | | | | | | | |
| Bus. Tel: | | | | Bus. Fax: | | | |
| Bus. E-mail: | | | | | | | |
| Home Address: | | | | | | | |
| Home. Tel. | | | | Home E-mail: | | | |
| Preferred Email Address: <input type="checkbox"/> Home <input type="checkbox"/> Business | | | | Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Business | | | |
| HIGHEST EDUCATION COMPLETED * | | | | | | | |
| <input type="checkbox"/> University Attended: | | | | Highest Degree Attained: | | | |
| <input type="checkbox"/> College Attended: | | | | Diploma/Certificate Attained: | | | |
| <input type="checkbox"/> Others Attended: | | | | Diploma/Certificate Attained: | | | |

*Attach transcripts if applicable

In order to be considered for recognition, I have included **ALL** of the following work experience information and supporting documentation:
 (relevant documentation must come directly from your current and/or previous organization)

- | | |
|--|---|
| <input type="checkbox"/> Current or most recent Job position (including title changes); | <input type="checkbox"/> Detailed position descriptions; and |
| <input type="checkbox"/> Current or most recent Employer organization | <input type="checkbox"/> Current resume; and |
| <input type="checkbox"/> Current or most recent Employment status | <input type="checkbox"/> Organizational chart to illustrate functional level and position |

WORK EXPERIENCE

I _____, (print full name) certify that I have submitted all required information in support of demonstrating that I have a minimum of **10 years or more of relevant SCM experience, with 5 years at a Mid-Career (Managerial) level or higher**, subject to review and acceptance by SCMA BC.

I herewith certify that all the information and documents provided for the above evaluations is true and accurate to the best of my knowledge. I grant SCMA BC permission to make any and all enquiries which are necessary to evaluate my work experience and education credentials, and I accept all consequences conditions and decisions with regard to my qualifications.

Signature of applicant: _____ Date of application: _____