

Institute of Certified Management Accountants

10 Paragon Drive • Montvale, New Jersey 07645-1759
 (201) 573-9000 • (800) 638-4427 • FAX: (201) 474-1600



CMA EXAMINATION REGISTRATION FORM

PERSONAL INFORMATION **TYPE OR PRINT CLEARLY**

Please check the box if you are applying to the ICMA program.
 If the exam is not completed in four years, the Entrance Fee will expire.

Mr. Ms. Miss Mrs. Dr. IMA Member # _____

Last Name/Family Name First Name/Surname Middle Initial Suffix

Please check box if this is a new address. Please Specify Home Business

Mailing Address/Street/P.O. Box

City State/Province/Country Zip Code/Postal Code

Daytime Telephone (include area code or country/city code)

E-mail Fax Number: (Include Area/Country/City Codes)

NOTES:

- (1) Examination, Certification Entrance and Waiver Fees are NOT REFUNDABLE.
- (2) You are required to take all the parts you register for within the same 120 day authorization period. (For Part 4 your authorization period is the month for which you are registered.)
- (3) Parts 1, 2, and 3 must be passed before registering for Part 4.
- (4) When registering for Part 4 please be sure to check the box indicating the month you want to sit for the exam. Please note if you are submitting a registration during an exam window, August or November, you must submit your registration prior to the 15th of the month to be permitted to register for the current testing month.

PLACE A CHECK MARK IN THE BOX(ES) BELOW FOR THE PART(S) YOU WISH TO TAKE AT THIS TIME

<input type="checkbox"/> Entrance Fee <input type="checkbox"/> \$200. ⁰⁰ Regular/Int'l Member <input type="checkbox"/> \$75. ⁰⁰ Student Member	<input type="checkbox"/> PART 1 Business Analysis	<input type="checkbox"/> PART 2 Management Accounting & Reporting	<input type="checkbox"/> PART 3 Strategic Management	<input type="checkbox"/> PART 4 Business Applications (Please select a testing window. See Note 3 & 4 Above)	<input type="checkbox"/> August 2008 <input type="checkbox"/> November 2008
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TOTAL PARTS _____

\$200 Regular Member Entrance Fee if applicable (MUST BE PAID PRIOR TO TAKING FIRST EXAM)
 If the exam is not completed in four years, the Entrance Fee will expire.. \$ _____

\$ 75 Student Member Entrance Fee if applicable (U.S., Mexico and Canada college students) (MUST BE PAID PRIOR TO TAKING FIRST EXAM). If the exam is not completed in four years, the Entrance Fee will expire..... \$ _____

\$190 Examination Registration Fee worldwide per part..... \$ _____

Less: Student/Faculty Discount (50% students, 100% faculty) (U.S., Mexico and Canada college students/faculty only)..... \$ _____

Faculty Retakes at 50% of cost..... \$ _____

\$190 Part I Waiver Fee if applicable (Arrange to have proof sent directly from the certifying organization)..... \$ _____

AMOUNT DUE \$ _____

CERTIFICATION PROGRAM APPLICATION

If you are applying for admission to the certification program, please complete the following.

- Applying as a Student** (U.S., Mexico and Canada) – Upon graduation, arrange for an official copy of your transcript to be sent.
- Applying as Faculty** (U.S., Mexico and Canada) – Please provide a letter on school stationery affirming full-time teaching status.

ADDITIONAL EDUCATIONAL INFORMATION

Check one of the following and make arrangements for supporting documents to be forwarded to the IMA certification department.

- Later** - By selecting this option, applicants choose to provide their educational credentials after completing the exams. If you would like to have your credentials reviewed prior to taking the exams to ensure that they are acceptable, please select one of the options below. Please note that the educational requirement must be fulfilled prior to certification.
- College Graduate** - Submit official transcript showing university degree conferred and official university seal or arrange to have proof of degree sent directly from university.

NOTE: Please pay the entrance fee before submitting your educational credentials.

- GMAT or GRE Scores** - Provide copy of scores.
- Professional Certification** – Arrange to have proof of certification sent directly from the certifying organization. See listing of acceptable certifications at http://www.imanet.org/certification_started_education_professional.asp

CONFIDENTIALITY STATEMENT & PAYMENT INFORMATION

I hereby attest that I will not divulge the content of this examination, nor will I remove any examination materials, notes, or other unauthorized materials from the examination room. I understand that failure to comply with this attestation may result in invalidation of my grades and disqualification from future examinations. For those already certified by the Institute of Certified Management Accountants, failure to comply with the statement will be considered a violation of IMA's Statement of Ethical Professional Practice and could result in revocation of the certification.

I affirm that the statements on this registration are correct and agree to abide by IMA's Statement of Ethical Professional Practice.

Signature of Applicant: _____ Date: _____

PREFERRED METHOD OF PAYMENT (All payments must be in U.S. Dollars)

Wire Payments

All wire transfers must be made with banks fees prepaid. Please notify IMA by e-mail (dhuckins@imanet.org) that you are paying by wire transfer. Include your name, member ID number if applicable, amount sent, and wire transfer receipt number.

Check Payments

My check for \$ _____, payable to ICMA, is enclosed. No checks drawn from foreign banks will be accepted unless they are payable through U.S. correspondent banks and in U.S. dollars.

Credit Card Payments

Charge my credit card: VISA MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____ / _____
MM/YY

Card Holder Name: _____

Signature of Card Holder: _____

IMA occasionally makes available its members' addresses (excluding telephone and e-mail) to vendors who provide products and services to the management accounting and finance community. If you prefer not to be included in these lists, please check this box.

PLEASE COMPLETE BOTH SIDES

NOTE: PAYMENT IN FULL MUST ACCOMPANY REGISTRATION FORM - FEES SUBJECT TO CHANGE

7/2008