

RECERTIFICATION APPLICATION FOR CERTIFIED KEY PERFORMANCE INDICATOR PROFESSIONAL





Balanced Scorecard Institute,
a Strategy Management Group, Inc. company
2000 Regency Parkway, Suite 425
Cary, North Carolina 27518 USA
Telephone: (919) 460-8180
Contact: www.balancedscorecard.org

Instructions

Requirements for Recertification

All candidates for the Recertification must:

1. Complete and sign the application. **Forms must be signed** by the applicant in order to be processed.
2. Submit it electronically to tsterling@strategymanage.com by December 31st of the year of your recertification date
3. Remit the recertification fee: \$295.00. The recertification fee must accompany the application and is non-refundable. An applicant will not be considered for recertification without payment. Go to: <https://cvent.me/DIWW1A?RefId=KPIPRcert>
4. If you have any questions, please contact our Training Manger, Terry Sterling at the above email address.

KPIP Certifications expire on December 31, three years from the year a person originally certified (e.g., if you certified in 2017, regardless of which month of the year, your certification is due for renewal by December 31, 2020).

Signature and Attestation:

By signing below, I attest all of the information provided on this application is complete to the best of my ability. I further attest all of the information provided on this application to be true and correct. Intentionally providing false information on this application will result in any and all certifications held with the Strategy Management Group and the Balanced Scorecard Institute being permanently revoked.

Signed: _____ Date: _____

Printed Name: _____

Applicant Information

In the space below, please provide your contact information. The Institute will use the information provided to contact you regarding your application status and future communication.

Please provide us with the following contact information about you:			
Date of Application			
Last name			
First Name and Middle Initial			
Name of your Organization			
Job Title			
Address			
Address 2			
City			
State/Province			
Zip/Postal Code			
Country			
E-mail Address			
Phone Number			
How would you like your name to appear on your Certificate?			
Date of your original certification	Month:	Day:	Year:

Continuing Education

Strategy Management Group (SMG) Continuing Education

Please indicate additional courses and engagements with the Strategy Management Group and its' affiliates that you have completed since your last certification or recertification date.

Course/Event	Month/Year of Course	Contact Hours	Comments
Balanced Scorecard Professional Certification		37.5	
Balanced Scorecard Master Professional Certification		37.5	
Strategic Project Manager Certification		22.5	
Balanced Scorecard Executive Overview		7.5	
Balanced Scorecard Professional – Part 1		22.5	
Balanced Scorecard Professional – Part 2		15.0	
Balanced Scorecard Associate Certification		22.5	
Balanced Scorecard Essentials		7.5	
Principles of Balanced Scorecard		15.0	
Scrum Developer Certified		25.0	
Scrum Master Certified		40.0	
Scrumstudy Agile Master Certified		40.0	
Affiliate Programs			
Other:			
Other:			
Other:			
Other:			

Degrees and Certifications

Please list any degrees and certifications that you have completed since your last certification or recertification date.

Title of Degree and/or Certification	Awarding Institution/Organization	Date Awarded	Contact Hours	Explanation of Relevancy

Professional Development

Please list any conferences, webinars, webcasts, continuing education courses, online courses, seminars, workshops, and video conferences that pertain to balanced scorecard, strategic planning, strategic management, performance measures, performance measurement, or performance management within the last three years since you were last certified or recertified.

Professional Development Title	Awarding Institution/Organization	Date of Event	Contact Hours	Description

Contributions to the Field

Publishing

List any publications that you have authored or co-authored. These include books, articles, book chapters, and research papers. A concise description of the publication is required indicating the content and scope of the publication. All publications listed below must have taken place within the last three years since you were last certified or recertified.

Title of Publication	Date of Publication	Publication Information*	Description

*Please list all applicable: place of publication, publishing company, volume number, page numbers, web address (URL), company who posted the webpage, title of page

Teaching

List any formal teaching activities including formal programs, courses, workshops or seminars. A concise description of the teaching activity is required indicating the content and scope of the teaching activity. All teaching activities listed below must have taken place within the last three years since you were last certified or recertified.

Teaching Activity	Date(s)	Host Organization	Location	Contact Hours	Description

Professional Experience

Provide up to five examples of your professional experience that demonstrate skills in the areas of balanced scorecard development, strategic management, strategic planning, project management, performance measurement development, system administration, coordination, communication and management. All experience listed below must have taken place within the last three years since you were last certified or recertified.

Organization & Title	Contact Hours	Description of Assignment

Continuation

Provide additional details or use the space below and on the following pages if needed for explanation of any of the preceding information.

Continuation

Provide additional details or use the space below and on the following pages if needed for explanation of any of the preceding information.