



Re-Certification Application - Certified Test Manager (CTM)

(To be submitted only after completing all the educational requirements)

Name as you wish it to appear on the certificate (Please Print)

Address where the graduation package should be mailed to:

Street Address: _____

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

Phone Number: _____ Email: _____

PLEASE MAKE SURE THE FOLLOWING REQUIREMENT IS SATISFIED:

I have completed the educational requirements

OPTIONAL:

I grant IIST the right to publish my name on its web site and other media as recipient of this certification

Signature: _____ Date: _____

Mail this application along with the non-refundable processing fee of \$180 to the address below. All graduation applications 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: _____ Card Type: _____

Exp. Date: _____ Security Code: _____

Card Holder's Name: _____ Phone Number: _____

Billing Address (as it appears on the credit card statement)

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

I, the card holder, agree to the above charges and authorize the charges to be placed against my credit card. I further agree that the above information is correct.

Card Holder 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. ***

Name as you wish it to appear on the diploma (Please print)

Completed Work:

An applicant shall complete a total of 10 educational units as described in the table below. Please complete the following application for re-certification based on this table.

Category A: Minimum 4 units and up to 10 units	Category B: Maximum 6 Units with no minimum	Category C: Maximum 4 units with no minimum
<ul style="list-style-type: none">• Classroom courses with written exams.• Course topics are up to the applicant's choice, but must be in software testing or software engineering.• Each day counts as one unit.• College level courses on software testing or quality topics taken for credits will count as one unit for each one quarter or semester credit hour.• Applicants must submit evidence of successful completion of the course and passing the exam.	<ul style="list-style-type: none">• Classroom courses with no exam required.• Course topics are up to the applicant's choice, but must be in software testing or software engineering.• Each day counts as one unit.• Applicants must submit evidence of successful completion of the course	<ul style="list-style-type: none">• Presentations at professional conferences; each presentation counts for 2 units• Publications in professional journal, magazines, or electronic forums; each publication counts for 2 units• Attending conferences; each day counts as 1/2 unit• Web-based courses requiring an exam; each course regardless

Category "A" Courses (Classroom courses with written exams)

Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Exam Date: _____ Exam Result: _____

Evidence of completion submitted: (Circle one) Yes / No

Evidence of passing exam submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

Number of Educational Units Earned per Above Table: _____

Category “A” Courses (Classroom courses with written exams)
(Continued)

Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Exam Date: _____ Exam Result: _____

Evidence of completion submitted: (Circle one) Yes / No

Evidence of passing exam submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Exam Date: _____ Exam Result: _____

Evidence of completion submitted: (Circle one) Yes / No

Evidence of passing exam submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Exam Date: _____ Exam Result: _____

Evidence of completion submitted: (Circle one) Yes / No

Evidence of passing exam submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

(USE ADDITIONAL SHEETS IF NEEDED)

Number of Educational Units Earned for Category “A” _____

Category “B” Courses (Classroom courses without written exams)

Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

Course Title: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

(USE ADDITIONAL SHEETS IF NEEDED)

Number of Educational Units Earned for Category “B” _____

Category “C” Courses (Professional Development Activities)

Activity: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

Activity: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

Activity: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

Activity: _____

Duration: _____ Date: _____

Course provider: _____

Evidence of completion submitted: (Circle one) Yes / No

Number of Educational Units Earned per Above Table: _____

(USE ADDITIONAL SHEETS IF NEEDED)

Number of Educational Units Earned for Category “C” _____