In accordance with ICMCI Policy for Re-certification as a CMC or ex-CMC requesting Re-Certification, please complete and submit this form on the IMC website. Upon review and satisfactory assessment of the application, you will be advised within 1 month of your application date.

**INSTRUCTIONS**

1. **Continuing Professional Development** – complete records for any external professional development activities undertaken in the last 3 years and record the relevant points as per the CPD table in the CPD By Law <https://imc.org.au/imc-by-laws/> .
2. **Client Engagement Summaries and Referees** – using the template below provide a brief (<A4 page each) write up of 3 engagements undertaken for clients in the previous 3 year period. Alternative documentation such as ISO 20700 Self-Declaration Checklist, client report, etc may be submitted in lieu of write ups to minimize time involved in completing your application.
3. **Completion of ISO 20700 Self-Declaration Checklist** training (ICMCI Certificate of Completion to be uploaded or attached)
4. **Applicant’s Undertaking and Declaration** - please complete and sign this declaration to complete your application.

Please upload your application to your Member Profile on [www.imc.org.au](http://www.imc.org.au) .

CMC Re-Certification applications must be submitted within 6 months of the due date for Re-Certification.

**APPPLICANT DETAILS**

|  |  |
| --- | --- |
| **First Name/s:**  | **Surname:**  |
| **Employer / Own Firm:**  |
| **Position:** |
| **Mobile:**  | **Landline:**  |
| **Email:**  | **URL:**  |
| **Please tick the relevant box:****[ ]  I am currently a practising CMC;** **[ ] I wish to re-enter active management consulting as a CMC** |
| **CMC Certificate No (if known):**  | **Original certification date (if known):**  |

**PROFESSIONAL DEVELOPMENT (in the past 3 years) – a total of 60 points is required (**<https://imc.org.au/imc-by-laws/>)**.**

|  |  |  |
| --- | --- | --- |
| **Professional Development Activities**  | **CPD Pts** | **Date**  |
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Add more lines if required

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| **CLIENT ENGAGEMENT SUMMARIES AND REFEREES** Please complete brief summaries for 3 engagements undertaken in the last 3 years: Each summary should be no more than one A4 page in length using the headings below. Where an existing documentation contains the information about the assignment, you may submit the report in lieu of the write up along with any supporting information needed to complete the information outlined below. Any supporting information will be treated as commercial-in-confidence and remains on your Member Profile only.

|  |
| --- |
| **Client Summary #1** |
| 1. Client organization/description:
 |
| 1. Assignment description and objectives:
 |
| 1. Assignment date, duration and total consulting days:
 |
| 1. Your role:
 |
| 1. Assignment steps:
 |
| 1. Outcomes:
 |
| 1. Key learning/s based on issues faced and how these were handled:
 |
| 1. Client referee details:
 |
| **Client Summary #2** |
| 1. Client organization/description:
 |
| 1. Assignment description and objectives:
 |
| 1. Assignment date, duration and total consulting days:
 |
| 1. Your role:
 |
| 1. Assignment steps:
 |
| 1. Outcomes:
 |
| 1. Key learning/s based on issues faced and how these were handled:
 |
| 1. Client referee details:
 |

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| --- |
| **Client Summary #3** |
| 1. Client organization/description:
 |
| 1. Assignment description and objectives:
 |
| 1. Assignment date, duration and total consulting days:
 |
| 1. Your role:
 |
| 1. Assignment steps:
 |
| 1. Outcomes:
 |
| 1. Key learning/s based on issues faced and how these were handled:
 |
| 1. Client referee details:
 |

 **SECTION FOUR: APPLICANT’S UNDERTAKING**I declare that:[ ]  I am currently practising as a full-time Management ConsultantOR[ ]  As a previously certified CMC, I wish to re-enter active consulting as a CMC I agree that the Institute, through its CMC Recertification process, has the right to verify the recent consulting experience and the management consulting hours as declared by me. This may entail obtaining information from all parties as the Institute sees fit in order to make the necessary assessment and decision on my recertification application. I agree that, in the event of my recertification as CMC, I will abide by the Constitution of the Institute and all its By-laws and any other rules of the Institute including the Institute’s Code of Professional Conduct and Rules of Professional Development. I agree to further the objectives of the Institute as far as I am able. I certify that all statements made by me in this application form and attachments are true and correct. Signature:      (An electronic signature is acceptable.)Date:        |