

Appendix A — Candidate Application Packet

Congratulations on starting the process of becoming a PTMP. Before completing this application, please visit IPMI's Certification page. Applicants must review this PTMP Candidate Handbook in its entirety to properly complete this application.

There are five parts to the application:

- **Part 1:** Personal Information
- **Part 2:** Eligibility
- **Part 3:** Candidate Endorsement
- **Part 4:** Statement of Understanding
- **Part 5:** Payment Information

Please ensure all parts of the application are complete. If you have questions, please contact IPMI staff at certification@parking-mobility.org.

Application information is held in strict confidence. To view our privacy policy, please go to parking-mobility.org and click Privacy Policy.

Application Instructions

1. List your legal name: this is the name that will be submitted to the testing center. The name must match the name on your government-issued picture identification card, which you will be required to present at the testing center or to the remote proctor.
2. Once you have completed the application, scan and email it to certification@parking-mobility.org. Applications will not be considered without payment. Applicants will be directed to an online invoice to process payment securely.
3. Endorsements must not be submitted with the application. Your endorsement provider must complete the Endorsement Form and email it to: certification@parking-mobility.org.

Application for the PTMP Examination

The completed application should be completed and emailed to: certification@parking-mobility.org

Part 1. Personal Information

Legal Name:

Last _____ First _____ Middle _____

Business Contact Information:

Organization: _____

Title: _____

Address: _____

City _____ State _____ ZIP/Postal Code _____

Country: _____

Phone (plus extension if applicable): _____

Cell: _____ Email: _____

Home Contact Information:

Please address all PTMP communication using my home information Yes No

Address: _____

City _____ State _____ ZIP/Postal Code _____

Country: _____

Phone (plus extension if applicable): _____

Cell: _____ Email: _____

Application for the PTMP Examination

Part 2. Eligibility

To be eligible for the credential, you must meet the minimum education, experience, and professional development requirements. The following matrix outlines the point distributions and requirements. Please note that if you have acquired 50 points in 1. Education and 2. Experience, you still must meet the 25 minimum point requirement in 3. Professional Development/ Continuing Education.

1. Education/License/Credential: (Required Minimum Points: 4/Maximum Points: 40)

Note: License/credential holder must be in good standing with the licensing agency/credentialing body

- Highest level of education achieved from an accredited educational institution:
(High School Diploma = 4 points; Associate Degree = 8 points;
Bachelor's Degree = 16 points; Master's Degree = 24 points;
Doctorate = 40 points) Points: _____
- Applicable Professional Licensing: (e.g. engineer, architect):
(8 points per license) Points: _____
- Applicable Professional Certification (must be applicable to competency
as a PTMP): (e.g. LEED, PE, AIA, Parksmart Advisor, etc.):
(4 points per designation) Points: _____

Total Education/License/Credential Points: Points: _____

2. Experience: (Required Minimum Points: 12 (3 years)/Maximum Points: 40 (10 years))

Note: Professional experience refers to supervisory and/or managerial roles within parking, transportation, mobility or a related field that manages parking, transportation, or mobility (e.g., consultants, vendors). Four points can be claimed for each year of management/supervisory experience up to a maximum of 40 points.

Acceptable job titles are provided earlier in this handbook under "Candidate Eligibility Matrix/2. Experience."

- Managerial/Supervisory Experience: _____ years × 4 points per year = _____

Total Experience Points: Points: _____

3. Professional Development/ Continuing Education: (Required Minimum Points: 25/No Maximum)

Note: Professional development courses/training must have been completed within the past four years and be applicable to the role of the PTMP* (e.g., IPMI courses and training, other professional training programs, other professional certificates). One point is awarded per hour of professional development/ education courses.

*Note: Refer to the PTMP Examination Content Outline if you have any questions about the applicability of your professional development courses/ education courses.

- Professional Development Education Courses: Points: _____
- Professional Certificate Education: Points: _____

Total Professional Development Points: Points: _____

Application for the PTMP Examination

Minimum Number of Eligibility Points Required: 50

Category Points	1. Education/License/Credential	_____
	2. Experience	_____
	3. Professional Development/Continuing Education	_____
	Total Points:	Points: _____

Part 3. Endorsement

Please provide the Application Endorsement Form with a copy of your Experience Documentation Form to a PTMP in good standing or to your employer who can attest to the accuracy on the application and your suitability for certification. The PTMP or employer is required to email the document to the Certification Department separately to certification@parking-mobility.org.*

**Do not include this document with your application.*

Part 4. Statement of Understanding

To qualify for the PTMP credential, you must respond to the following questions and sign the Statement of Understanding:

1. PTMP Code of Ethics

I hereby attest that the following statements are true, correct, and accurate to the best of my knowledge, and I further agree to fulfill the following obligations:

- a. Yes No — I agree to give the Certification Department timely notice of contact or address change in writing.
- b. Yes No — I hereby confirm that I have not violated any of the provisions of the PTMP Code of Ethics in the past and will comply with all tenets in the future. I agree to act and conduct my professional practice in accordance with the currently adopted code of ethics
- c. Yes No — I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in sanctions by the IPMI Certification Board of Directors.

If you answered “no” to any statements above, please provide a written explanation on a separate page. Attach the page to this application.

2. Special Accommodations:

I am requesting special testing accommodations Yes No

If you answered “yes,” please attach documentation as specified in the PTMP Candidate Handbook.

3. Privacy Policy:

Yes No - I understand that a condition of certification is accepting all official correspondence from the Certification Board.

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I understand that all material included in this application becomes the property of the Certification Board upon receipt and that neither originals nor photocopies will be returned to me. If my certification is suspended or revoked, I agree to comply with all directives of the Certification Board, including the return of all PTMP credentialing documents. I agree to comply with such directives and orders in a timely manner and at my own expense.

Signature: _____ Date: _____

Print Name: _____

Part 5. Payment

- I am an IPMI member applying for the PTMP Certification. **\$475 U.S. fee**
- I am an IPMI non-member applying for PTMP Certification. **\$700 U.S. fee**
- If paying by check, I understand my application will be held until the check clears.

Please select one: credit card check

To pay by credit card, please submit your application to certification@parking-mobility.org. Once the application is received, IPMI will send you an email with login instructions to make payment online with a credit card. For your application to be processed, the application fees must be paid within 48 hours.

To pay by check, please make all checks payable to: International Parking & Mobility Institute (IPMI)
And remit to:

International Parking & Mobility Institute (IPMI) Certification Processing Department
P.O. Box 3787
Fredericksburg, VA 22402 USA

Checks must be received within 10 business days of the PTMP Application submission, or your application will not be processed.

APPLICATION CHECKLIST:

- Complete **Part 1: Personal Information**
- Complete **Part 2: Eligibility Form, Certificates, and Supporting Documents/Education, Experience, Professional Development**
- Complete **Part 3: Endorsement:** Provide an endorsement form to a PTMP or employer with a copy of your Experience Documentation Form. The endorsement provider must scan and email a copy of your experience document along with the Endorsement Documentation Form to Certification@parking-mobility.org.
- Complete **Part 4: Statement of Understanding and Signature**
- Complete **Part 5: Payment**

Education/License/Credential Documentation Form

(Minimum of a High School Diploma)

Candidate Name

Last, First, Middle _____ Date Submitted _____

Dates of Education or Receipt of License/Credential	Names and Address of Educational Facility/License or Credential Issuing Body	Name and Title of Program (e.g., college major, etc)	Description of Courses of Study

Experience Documentation Form

Note: Use this form to document your supervisory/managerial experience as a parking, transportation, mobility professional (minimum of three years required.) The original must be included with your application. A copy must be provided to the endorsement provider and included in the separate endorsement mailing.

Candidate Name

Last, First, Middle _____ Date Submitted _____

Dates of Employment	Organization Name and Address	Name and Title of Supervisor	Include your job title(s) and description of roles and responsibilities related to parking, transportation & mobility and management.

Professional Development Documentation Form

Note: There is a 25 Point Minimum for professional development. Professional development/Continuing Education must have occurred within the last four years from the date of application. This form is incomplete without the minimum educational requirements. Refer to the PTMP Examination Content Outline if you have any questions about the applicability of your education/professional development. If more space is needed, please feel free to use an additional Word document with your information.

Candidate Name

Last, First, Middle _____ Date Submitted _____

Dates of Education or Receipt of License/Credential	Names and Address of Educational Facility/ License or Credential Issuing Body	Title and length in hours of Program. Include links, if possible.	Description of Courses of Study

PTMP Application Endorsement Form

(Present this form to endorser with copy of your completed application.) Please type or legibly print all information in black or blue ink. Sign, scan and email this form to:

International Parking & Mobility Institute
ATTN: PTMP Certification Program
Email: certification@parking-mobility.org

PTMP Applicant Information:

Last _____ First _____ Middle _____

Endorser's Information:

Last _____ First _____ Middle _____

Organization: _____

Title: _____

Address: _____

City _____ State _____ ZIP/Postal Code _____

Country: _____

Phone (plus extension if applicable): _____

Cell: _____ Email: _____

Endorsement:

I, _____, hereby state that I am

(select all that apply)

- A PTMP in good standing
- Licensed, commissioned, and/or certified as a: _____
- License/Certificate #s: _____
- Employer/Human Resources Department Representative _____
- Employment supervisor: Position/Title _____

and am knowledgeable of, and in good standing within, the parking, transportation, and mobility profession. I hereby affirm that I personally know or have researched and reviewed to the best of my ability, the work history, experience, and reputation of the above-referenced candidate and find she/he meets the PTMP Certification Program eligibility requirements indicated in this handbook. In support of my findings, I have attached a copy of the applicant's statement of experience as presented to me by the applicant. Based upon my findings, I hereby endorse the above-referenced applicant for consideration as a candidate for the PTMP Credentialing Program.

Submitted this _____ day of _____, 20_____.

Endorser's signature: _____