



CERTIFIED DATA MANAGEMENT PROFESSIONAL (CDMP) EXAMINATION APPLICATION



The CDMP is the professional certification designation of The Data Management Association (DAMA) International.
The Institute for Certification of Computing Professionals (ICCP) administers the CDMP examinations and certification program.
DAMA International is a constituent society of the ICCP.

Mr. _____
1. Name: Ms. _____ Year of Birth _____
Mrs. Last First Middle Initial

2. Home Address: _____

Number and Street _____

City State/Province Postal/Zip Code Country

() _____
Home Phone Number E-mail Address

3. Business Address: _____ () _____
Organization Name Phone Number

Number and Street _____

City State/Province Postal/ Zip Code

Country Date of Employment E-mail Address

4. Which addresses do you prefer the ICCP use? ____Home ____Business

5. Which of the following options do you choose with regard to ICCP's use of your name and address?

____ICCP Business Only ____Professionally Related Material ____Unrestricted ____Do Not Use

6. Because of functional limitations imposed by disability, special arrangements will be necessary for me to complete the certification examination. If yes, please explain arrangements that you will need on a separate page and attach it to the application. ____Yes ____No

7. Highest Educational Level (Please circle) Associates Degree Bachelor's Degree Master's Degree Doctoral Degree Other: _____

8. Degree Major (Please circle)

Undergraduate Degree: Business - Computer Sciences - Information Science - Information Systems - Management Information Systems - Information & Communication Technology - Engineering - Major in another discipline with minor in any of the above
Other _____

Graduate Degree: Computer Science - Information Science - Information Systems - Information Resource Management - Information & Communication Technology - Engineering - MBA with concentration in one of the above
Other _____

9. Next to the appropriate qualifying position/role titles, enter your years of data oriented experience:

____ Business Analyst _____ Data Warehouse Architect
____ Data Administrator _____ Database Administrator
____ Data Analyst _____ Metadata / Repository Analyst
____ Data Architect _____ Metadata / Repository Architect
____ Data Modeler _____ Project Leader
____ Data Specialist _____ Project Manager
____ Data Warehouse Analyst _____ Systems Analyst
____ Data Warehouse Modeler _____ Systems Architect
____ VP, Director or Manager of Data Management, Data Warehousing, Database Administration, Metadata / Repository Management
Other: _____

10. Have you passed an ICCP exam and received a designation? If so, what exam(s), designation and when?

CDMP Exam Fees (Check appropriate boxes and enter \$ amount)

CDMP Mastery Candidates: To receive a certificate, candidates **MUST** pass the Core, one data oriented Specialty exam, and one Specialty exam of your choice at **70% or higher**.

CDMP Practitioner Candidates: To receive a certificate, candidates **MUST** pass the Core, one data oriented Specialty exam, and one Specialty exam of your choice at **50% or higher**.

ICCP Expert Proficiency Exam Candidates: To receive a certificate, candidates **MUST** pass one specialty exam at 70% or higher.

EXAM CHARGES: \$285.00 per exam -- Beta exam conversion \$195.00

ISCore Examination (Mandatory)

Data Management Core Examination (Mandatory)

Specialty Exams: (Choice of Two Exams)

Business Intelligence and Analytics

Data Development

Data Operations and Security

Data Warehousing

Data and Information Quality

Integrated Project Management

Zachman Enterprise Framework

Data Governance and Stewardship

Other: _____

TOTAL AMOUNT DUE FOR EXAMS: \$ _____ (USD)

All fees are non-refundable. Candidates have 90 days to schedule and sit for chosen exam.

ADDITIONAL CHARGES

Substitution of _____ for one specialty exam: **\$125.00** \$ _____ (USD)
(Substitution must be an exam-based certificate. Attach documentation.)

I am a CBIP holder and have fulfilled CDMP requirements. Please send me the CDMP certificate: **\$125** \$ _____ (USD)

I am a CCP holder and have fulfilled CDMP requirements. Please send me the CDMP certificate: **\$125** \$ _____ (USD)

I am using my ICCP designation to qualify for the CBIP (\$300.00 processing fee) \$ _____ (USD)

TOTAL AMOUNT DUE: \$ _____ (USD)

2/2010

My check is enclosed

Charge my VISA DISCOVER MASTERCARD AMERICAN EXPRESS

Account Number _____ CID _____ ExpirationDate _____

Cardholder's Name _____ Signature (Mandatory on all charges) _____

Code of Ethics

I certify that I have read and understand the instructions, and that the information supplied is correct. I further certify that I have read, understand and accept the ICCP Code of Ethics, Conduct and Good Practice, and I understand that any knowingly false statement herein is grounds for rejection of this application and for revocation of the Certificate, if granted. I further understand that the liability of the Institute for Certification of Computing Professionals, and its agents, is limited to examination fees only.

Date _____ Signature of Candidate _____

Return CDMP Application with Payment to:

Institute for Certification of Computing Professionals
2400 E. Devon, Suite 281 Des Plaines, IL 60018 USA Phone: 847-299-4227 Fax: 847-299-4280
E-mail: Office2@iccp.org Internet: <http://www.iccp.org>

For further information on the CDMP, the DAMA website is www.dama.org.