



# DATA GOVERNANCE PROFESSIONAL (DGP) EXAMINATION APPLICATION



The DGP is the professional certification designation of The Data Management Association (DAMA) International.  
The Institute for Certification of Computing Professionals (ICCP) administers the DGP 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  | _____ Data Steward                    |
| _____ Data Governance Specialist  | _____ 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?**

\_\_\_\_\_

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

**DGP Mastery Candidates:** To receive a certificate, candidates **MUST** pass the Data Governance and Stewardship exam at **70% or higher**.

**DGP Practitioner Candidates:** To receive a certificate, candidates **MUST** pass the Data Governance and Stewardship exam, at **50% or higher**.

**EXAM CHARGES: \$285.00 per exam**

**Data Governance and Stewardship Exam**

**TOTAL AMOUNT DUE FOR EXAMS: \$ \_\_\_\_\_ (USD)**

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

**ADDITIONAL CHARGES**

I have fulfilled the Data Governance Professional requirements. Please send me the DGP certificate.

**\$125 \$ \_\_\_\_\_ (USD)**

I am a CCP or CDMP holder and have taken the Data Governance & Stewardship exam. Please send me the Data Governance Professional Credential.

**\$125 \$ \_\_\_\_\_ (USD)**

**TOTAL AMOUNT DUE: \$ \_\_\_\_\_ (USD)**

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.

Please be informed that this information on this application is subject to audit at any time. After the first year of certification, you enter the three year recertification program for continuing education and professional development.

References are required for possible audit on the entire 1400 hours of data governance and stewardship work experience.

Name \_\_\_\_\_ Name \_\_\_\_\_

Corporation \_\_\_\_\_ Corporation \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

Date \_\_\_\_\_ Signature of Candidate \_\_\_\_\_

**Return DGP 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 DGP and CDMP, the DAMA website is [www.dama.org](http://www.dama.org).

