

Application for the Facility Management Professional (FMP) Designation



Mr. Ms. Mrs.

First Name	Middle or Maiden Name	Last Name	Designation		
Name as it should appear on all correspondence and certificates					
Company		Title		IFMA Member I.D. (if applicable)	
Business Mailing Address		City	State	Zip	Country
Direct Business Telephone		Mobile or Cell Number		Direct Business Fax	
Home Address		City	State	Zip	Country
Home Telephone		Business E-Mail Address			

IFMA can notify you about programs, products and services that may be of benefit to you. (*E-mail addresses and fax numbers are not sold to any third party)

IFMA may provide my contact information to outside organizations IFMA may communicate with me via fax* via e-mail*

I understand that a non-refundable fee must accompany this application. This fee covers the final review and FMP designation process by IFMA.

To complete my file, I will request that official copies of all transcripts be sent by universities and/or colleges directly to the IFMA Professional Development Department.

Member: \$50 U.S. Non-member: \$75 U.S.

A check, made payable to IFMA, is attached.

Charge to: VISA MasterCard American Express Diners Club Discover Card

Card Number	Authentication #	Expiration Date
Cardholder's Name	Cardholder's Signature	
Credit Card Billing Address		

Check here if, upon receiving the FMP designation, you would like IFMA to notify your immediate supervisor (only one name please) of your achievement. IFMA's President should send the letter to:

Mr. Ms. Mrs.

Name of My Supervisor	Supervisor's Title				
Company					
Mailing Address	City	State	Zip	Country	
Direct Phone	Direct Fax	E-mail address			

I hereby apply for final review and designation to the Facility Management Professional (FMP) Designation _____ (initial).

Required Course Work - Application for the Facility Management Professional (FMP)



This section of the FMP application form must be completed and signed to process the application as a whole. Please complete the following applicable sections only. If a category does not pertain to you, you may disregard it. You must show evidence of having completed the course work requirements in order to have this application processed. If additional space is needed please attach separate sheet of paper.

Area #	Area Title	Credits
1	FM Fundamentals	2 credits
2	Managing the Facility	1 credit
3	Supporting the Business	1 credit
4	Leading the Organization	1 credit
5	FM Business Workshop	1 credit

IFMA recognizes one credit as 15 contact hours of instruction.

A. Higher Education

Record the institutions where an undergraduate degree was earned or where courses were taken. This includes courses taken at degree granting institutions only. Official transcripts must be sent by the college or university to the IFMA Certification Department, course work that can be applied towards the FMP designation will assess a \$25 U.S. per course review fee.

Institution	Degree/Major	Date	Area #	Credits

B. Graduate Courses

Record the institution where a degree was earned or graduate level courses completed. Official transcripts must be sent by the college or university to the IFMA Certification Department. The \$25 U.S. per course review fee is waived for IFMA Recognized Program schools.

Institution	Degree/Major	Date	Area #	Credits

C. Course Completion- IFMA Recognized Programs (Degree and Certificate)

Record courses completed. To document the successful completion of each course, you must supply end of course certificates, official transcripts or grade reports. The \$25 U.S. per course review fee is waived for IFMA Recognized Program schools.

Sponsor/Location	Course Name	Completion Date	Area #	Credits

D. IFMA Formal Programs

List the participation and completion of any internationally sponsored IFMA program, such as the courses at the FM Spring Symposium, Pre-Conference Courses, etc.

Location	Course Name	Date(s) of Attendance	Area #	Credits

Required Course Work (Cont.) - Application for the Facility Management Professional (FMP)



E. IFMA Online Courses

IFMA courses presented self-study online or instructor lead online.

Course Name	Completion Date	Area #	Credits

F. Self-Study Courses

Self-study courses are taken at your own pace outside of school and are sponsored by professional associations or organizations. Attach a copy of your course certificate(s) as documentation of your successful completion of each course.

Sponsor	Course Name	Grade	Completion Date	Area #	Credits

G. IFMA Courses offered by Chapters, Councils, Corporations and Military

To receive credit please provide an end of course certificate, grade report or other documentation indicating the successful completion of the course, course assessment must be completed prior to sending to IFMA.

IFMA Chapter	Course Name	Grade	Completion Date	Area #	Credits

H. Other Applicable FMP Courses

Please list any other courses which you may have taken that do not fit into any of the previously mentioned categories. Provide an end of course certificate, grade report or other documentation indicating the successful completion of the listing, review of these courses are subject to a \$25 per course fee.

Sponsor	Course Name	Grade	Completion Date	Area #	Credits

Facility Management Professional (FMP) Code of Conduct



I shall have as my primary goal developing and managing safe, human, and functional work spaces.

I shall integrate the needs of management with the needs of people in the workplace to develop and manage humane and effective work environments.

I shall have as an achievable goal maintaining objective, professional judgments. I shall not compromise this judgment by undertaking any activity, accepting any contribution or having any conflict of interest that would prevent acting in the best interest of my employer, clients, or those people for whom I provide or maintain workplaces.

I shall practice in a manner that supports the rights of employers, employees and clients, and shall not discriminate because of race, sex, creed, age or national origin.

I shall continually seek new information to maintain and upgrade my professional skills relative to the design, construction, maintenance and management of the physical environment as it relates to people and work processes.

Rules and regulations to read and sign before returning

All information provided by me in this application is complete and accurate to the best of my knowledge.

Any additional information that may be needed by IFMA to process this application will be supplied by me upon request.

I will not claim to be a Facility Management Professional until such time as this designation is awarded to me. Further, I will not use the designation after it expires unless I have followed the required steps to maintain it and have been approved by IFMA Headquarters as meeting the maintenance standards.

I hereby apply to become a candidate for certification as a facility management professional (FMP) by the International Facility Management Association. As a condition of this application, I authorize IFMA to investigate statements made within this application. I understand that I must complete all coursework and pass all assessments before achieving this designation. I have met all of the requirements for this designation as outlined in the IFMA Facility Management Professional Brochure. By my signature, I agree to uphold the Facility Management Professional Code of Conduct with the knowledge that any false statement or misrepresentation that I make in the course of these proceedings may result in the revocation of this application, forfeiture of the application fee and prohibit me from participating in the Professional Certification Program.

Signature of Applicant

Date of Application

Mail to:

International Facility Management Association
Certification Department
1 E Greenway Plz
Suite 1100
Houston, TX 77046-0194