



**ACTIVITY INFORMATION – Category A**  
**Section 3 (for Category A activities only)**

*Provider Name	*Provider Number	
*Activity Name	*Activity Number	
*Start Date (MM/DD/YY)	*This activity met all stated objectives:	*Satisfaction with this provider:
	<input type="checkbox"/> Strongly agree	<input type="checkbox"/> Excellent
	<input type="checkbox"/> Agree	<input type="checkbox"/> Very good
*Completion Date (MM/DD/YY)	<input type="checkbox"/> Somewhat agree	<input type="checkbox"/> Good
	<input type="checkbox"/> Somewhat disagree	<input type="checkbox"/> Fair
	<input type="checkbox"/> Strongly disagree	<input type="checkbox"/> Poor

*If you report an activity in Category A, also complete Section 5 before you submit this form.*

**ACTIVITY INFORMATION – For all Non-Category A Activities**  
**Section 4**

Enter the **Activity Title/Description** in the appropriate field below. Use the guidelines to help you.

- Category B: enter activity title/description
- Category C: enter name of activity
- Category D: enter title of article / course / webinar / etc.
- Category E: enter activity and/or position
- Category F: enter job / position title

\*Activity Title / Description

*Start Date (MM/DD/YY)	*Completion Date (MM/DD/YY)	*Hours Completed
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**Activity Contact Information**

Enter the Activity Provider Name in the appropriate field below. Use the guidelines to help you.

- Category B: enter organization that conducted training/education
- Category C: enter name of organization or individual that provided resources
- Category D: enter name of organization where the material was published or presented
- Category E: enter name of organization where you volunteered
- Category F: enter name of the organization you worked for

\*Organization Name

*Address	*City			
*State/Province	*Zip/Postal Code	*Country		
Phone Number	Country Code	Area/State/City Code	Phone Number	Extension

URL (web address)	Provider's E-mail Address
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**ACTIVITY INFORMATION – Complete this Section for ALL Categories**

**Section 5**

\*Which process group does this activity (course/event) primarily address? (Select all that apply)

- Initiating   
  Planning   
  Executing   
  Monitoring and Controlling   
  Closing   
  All

\*Which knowledge areas does this activity (course/event) primarily address? (Select all that apply)

- Communication Management   
  Integration Management   
  Risk Management   
  All  
 Cost Management   
 Procurement Management   
 Scope Management  
 Human Resource Management   
 Quality Management   
 Time Management

\*Which industry areas does this activity (course/event) primarily address? (Select all that apply)

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Aerospace & Defense             | <input type="checkbox"/> Environmental Management  | <input type="checkbox"/> Marketing & Sales         | <input type="checkbox"/> Retail                |
| <input type="checkbox"/> Automation Systems              | <input type="checkbox"/> Financial Services        | <input type="checkbox"/> Metrics                   | <input type="checkbox"/> Risk Management       |
| <input type="checkbox"/> Communication                   | <input type="checkbox"/> Government                | <input type="checkbox"/> New Product Development   | <input type="checkbox"/> Scheduling            |
| <input type="checkbox"/> Consulting                      | <input type="checkbox"/> Healthcare                | <input type="checkbox"/> Oil, Gas & Petrochemical  | <input type="checkbox"/> Service & Outsourcing |
| <input type="checkbox"/> Design-Procurement-Construction | <input type="checkbox"/> Human Resources           | <input type="checkbox"/> Performance Management    | <input type="checkbox"/> Students of PM        |
| <input type="checkbox"/> Diversity                       | <input type="checkbox"/> International Development | <input type="checkbox"/> Pharmaceutical            | <input type="checkbox"/> Troubled Projects     |
| <input type="checkbox"/> E-business                      | <input type="checkbox"/> Information Systems       | <input type="checkbox"/> Project Management Office | <input type="checkbox"/> Utility Industry      |
| <input type="checkbox"/> Education & Training            | <input type="checkbox"/> IT & Telecomm             | <input type="checkbox"/> Quality in PM             | <input type="checkbox"/> Women in PM           |
|  | <input type="checkbox"/> Manufacturing             | <input type="checkbox"/> Other:                    |  |

\*PDU Quantity per Credential  
PMP / PgMP

PMI-SP

PMI-RMP

\*By submitting this claim, I attest that the information I have provided is correct. I understand that any misrepresentation or incorrect information provided may result in disciplinary action, including suspension or revocation of my PMI certification.

\*Signature

(Electronic signature acceptable)  
(format of electronic signature: //First Name Last Name//)

\*Date: dd/month/yyyy