



Application for

Certified Management Consultant (CMC) Designation



Personal Data

(Please print or type)

Name: _____
First Name: _____
Position: _____
Home Phone: _____ Work Phone: _____
Fax: _____ Zip Code: _____
Address: _____
E-mail Address: _____ Website: _____
Home Address: _____ City: _____

Are you a full member of IMC Jordan? YES _____ NO _____
If no, you must become an IMC member before submitting this application.

Please answer the following questions. The facts surrounding any question to which you answer (YES) should be explained in detail on a separate sheet:

1. Are you presently charged with or have you ever been convicted or found guilty of any felony or misdemeanor directly relating to your management consulting practice?
YES _____ NO _____
2. Are you presently, or have you during the past five years, been the subject of any civil legal action directly relating to your management consulting practice?
YES _____ NO _____
3. Are you presently, or have you during the past five years, been the subject of a consumer complaint filed with any consumer protection agency?
YES _____ NO _____
4. Are you presently, or have you during the last five years been the subject of any disciplinary action by a management consulting professional association?
YES _____ NO _____

Application Fee:

Please enclose the application fee of JD 100. The fee is non-refundable unless, on the basis of information supplied in this application and supporting documents, it is determined that the applicant is ineligible for certification.

Consulting Practice:

Please list below: (1) Your primary areas of practice, and (2) The type of clients you serve.

- 1. _____
_____.
- 2. _____
_____.

Higher Education:

Please submit documentation to verify degree(s) earned. Acceptable documentation includes a photocopy of your degree, a final transcript, or official verification from your college.

College/University (Name, City, State)	From	To	Years of Attendance Major Field of Study	Degree Awarded
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Undergraduate

Graduate/Post-Graduate

Professional Education:

- Have you attended IMC’s “Management Consulting: A Workshop for Professionals”?

YES _____ NO _____

If yes, list city and month/year _____

- Have you attended an IMC Annual Conference?

YES _____ NO _____

If yes, list year(s) attended _____

Other Professional Certifications:

Are you *certified* by other professional associations?

If yes, please list the full names and phone numbers of all certifying bodies. Submit proof of your certification with this application. Acceptable documentation includes a photocopy of your certificate, or a letter from the certifying body indicating the date certification was received.

Full Name of Association	Phone Number	Full Name of Certification	Date Certification Received

Employment:

For each section below, please list all of your employers chronologically, starting with the most recent position. If self-employed, so indicate. If the position was part-time, please note approximate number of hours worked per week. Show each position held in each firm. IMC will verify your employment history; therefore, provide in full the firm name, address, phone and fax numbers, and contact person. Attach an additional sheet if necessary.

Independent Consulting Experience:

List all management consulting organizations by which you have been employed in *public practice* as a management consultant. For each position, show approximate percentage of total working time devoted to management consulting (including practice development and supervisory and administrative support), versus non-consulting activities, if any.

Contact Name, Firm Name Address, Telephone and Fax	Position(s) Held	From Mo./Yr.	To Mo./Yr.	%Time Consulting

Internal Consulting Experience:

List firms by which you have been employed as an *internal management consultant*.

Contact Name, Firm Name Address, Telephone and Fax	Position(s) Held	From Mo./Yr.	To Mo./Yr.

Non-Consulting Experience

List all firms in which you have been employed in a *non-consulting* position.

Contact Name, Firm Name Address, Telephone and Fax	Position(s) Held	From Mo./Yr.	To Mo./Yr.

Engagement Information:

Have you been in full-time consulting for ten continuous years or more?

YES _____ NO _____

If yes please skip to item (1) below.

ENGAGEMENT SUMMARY DESCRIPTIONS: Summarize on separate sheets at least 3 and no more than 5 different projects that you have completed. For each project summary that you are submitting, describe your level of responsibility, the number of people working on the engagement, the duration of the engagement, the problem (s) presented to you, your steps in solving the problem (s), and the results achieved. All answers should be brief and concise.

Each project description should not exceed one page (or 250 words). To preserve client confidentiality, do not disclose your client’s name. Submit these descriptions with this Form.

1. Please check up to three of the following management consulting specialties in which you are qualified on a professional level:

_____	General consulting	_____	Production/distribution
_____	Compensation	_____	Systems/EDP
_____	Marketing	_____	Management training
_____	Other (please explain)	_____	_____

2. Describe your typical consulting engagement. Please include client type, client size, annual sales, duration of project, and number of professionals on the project.

3. What is the average number of client engagements you work on per year?

4. How do you usually divide your time in consulting engagements?

One)	Proposal/ project design	_____	%
Two)	Fact finding	_____	%
Three)	Analysis	_____	%
Four)	Recommendations/ report	_____	%
Five)	Implementation	_____	%

5. Are you involved in the implementation of your recommendations? If so, how?

6. What would you consider an ideal consulting engagement? Why?

7. How do you achieve the agreed upon results between yourself and the client on time and within budget?

8. Describe your most successful consulting engagement?

9. Why do you consider that engagement the most successful?

10. Describe your least successful consulting engagement?

11. Why do you consider that engagement the least successful?

12. Without disclosing confidential information, give an example of an uncomfortable (e.g. ethical, client confidentiality) situation that developed with a client.

13. How did you handle the situation?

14. If a client is not pleased with your work, how do you respond?

15. What are you doing to stay current with advancements in your field of practice?

16. Why do you believe the Certified Management Consultant designation is important?

17. Describe the business development and promotional practices of your firm. (With this application, please submit samples of promotional materials you use to promote your consulting practice).

18. What is your role in your firm's business development promotional practices?

19. What do you like about the management consulting profession?

20. What do you dislike about the management consulting profession?

Promotional Materials:

(Please submit two sets of promotional materials used to promote your consulting practice).

Standards of Independence Self - Attestation:

(Please indicate "yes" or "no" in the space provided)

1. Is the defined purpose of your business or profession is the provision of advice or assistance about a process of management to clients with management responsibilities?

2. Are you either a solo practitioner of management consulting, or a member of a firm, group or division specifically charged with providing management consulting services?

3. Is a substantial objective of your position to promote, provide technical support for, or sell the non-management consulting commercial interests of your employer, parent company or any affiliated entity?

4. Are you or the management of your consulting practice free to select those consulting assignments you will accept; to refuse, on professional grounds, to accept a consulting assignment; and, to resign from an assignment for ethical or other professional reasons?

5. Are your clients free to select the consultants they engage for an assignment; to reject a proposal by your consulting practice; and, to terminate an engagement with you on performance grounds?

6. Before beginning a consulting assignment, do you and your client reach a mutual understanding as to the terms of the engagement?

7. During the course of conducting a consulting assignment, are you free to exercise your professional judgment without influence or interference from the non-consulting interests of your employer, parent company or affiliated entities?

Attestation:

In recognition of the public interest and my obligation to the profession, I agree to comply with all provisions of the Code of Ethics and the Standards of Independence of the Institute of Management Consultants.

Signature of Applicant

Date

Name: _____