

PMI GHANA PROFESSIONAL BODY

Fellow Class Application Form

LEVEL 5, GULF HOUSE, SHIASHIE, EAST LEGON

EMAIL: INFO@PMIGH.COM

PERSONAL DETAILS:

Member Number:	Membership Status Valid:
Name:	Date of Birth:
E-mail address:	Telephone Number:
Current Employer:	Current Title:
Insert Digital Photograph:	

1. Academic Qualifications & Certifications

Date	Name of Institution	Certificate Awarded	Year of Award

2. Date of Admission as Senior Practitioner:

3. Project Management Career

• Write a statement of not more than 1200 words of your project management career starting with the earliest date to the most recent. If you are involved in teaching and research, outline any research findings and reports/publications you have. The write-up should be typed and attached to this application form.

4. Contribution to Project Management Practice

• Indicate the significant projects you have been personally involved in, including research and the role you played. Indicate the project value and duration and a summary of the impact of the project.

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5. Mentorship and Training

• Name at least five (5) practicing project managers you have personally mentored and/or trained.

Name	Organization	PMI GH. Member (Y/N)	From (Year)	To (Year)

6. Engagement with PMI Ghana:

- Provide details of participation in PMI Ghana activities.
 - Annual General Meetings latest 5 meetings attended
 - Annua Project Management Conference & Project Management Awards latest 2 attended
 - Other activities: Project Site Visits, End of Year Dinner, School Visits etc. latest 3 attended

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7. Volunteer Experience:

• Provide a description of your present and past PMI Ghana Chapter volunteer experiences. Indicate the committees you have been involved in and/or assignments undertaking on behalf of the Institute.

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8. Sponsors

• Election to the Class of a Fellow requires 2 Proposers and 2 Supporters, who are members not below the Senior Practitioner class. They should know the candidate on a personal/professional level to attest to his/her professional capabilities and ethical conduct. They should certify the information provided by indicating their name, member ID and category, current professional employer, position and signature.

Name	Member ID	Member Class	Employer	Position	Signature
Proposers					
Supporters					

9. Declaration

I confirm that the information provided in this application for election as a Senior Practitioner member of the Project Management Institute, Ghana (PMI, Ghana) is accurate and that should my application be successful, I will work to advance the objectives of the Institute and uphold the Regulations and Bye-Laws of the Institute as they may be, at any point in time.

Name: