



IFPUG CERTIFIED FUNCTION POINT SPECIALIST REGIONAL EXAM APPLICATION

FOR OFFICE USE ONLY

Date Received: []

INSTRUCTIONS:

- 1. Type or print entire application clearly.
2. An application form must be submitted for each sitting of the exam three (3) weeks prior to the exam date.
3. Send form in its entirety, along with sitting fee, to IFPUG, 191 Clarksville Road, Princeton Junction, NJ 08550 USA Phone: 609/799-4900 Fax: 609/799-7032

Form fields for personal information: FIRST NAME, LAST NAME, PREFERRED FIRST NAME FOR CERTIFICATE, TITLE, EMPLOYER, MAILING ADDRESS, CITY / PROVINCE, STATE, ZIP/POSTAL CODE, COUNTRY, TELEPHONE NUMBER, FAX NUMBER, E-MAIL ADDRESS.

All cancellations must be made in writing 5 days prior to testing and are subject to a \$50 processing fee. No refunds will be given after that date.

Scheduled Regional Exam Where: _____ When: _____
Each exam participant must present a valid photo ID immediately prior to taking the exam. Individuals who wish to utilize the Counting Practices Manual (CPM) during a regional exam must provide their own copy of the version of the CPM being tested.

The IFPUG Certified Function Point Specialist (CFPS) Code of Ethics states that as an IFPUG CFPS:

- 1. I will promote the understanding of Function Point counting practices, methods and procedures.
2. I have an obligation to the FP community to uphold the high ideals of personal knowledge as evidenced by the certification held.
3. I have an obligation to serve the interest of my employers and/or clients loyally, diligently and honestly.
4. I will not engage in any conduct or commit any act, which is a discredit to the reputation or integrity of the CFPS program, IFPUG, or the information system community.
5. I will not imply or otherwise convey that the CFPS designation is my sole claim to professional competence. I will continuously strive for professional knowledge and growth.
6. I will not engage in any activity during the administration of the exam, which could provide any of the participants, including myself, with an unfair advantage for successful completion of the exam.

Upon successful completion of the CFPS Exam and by accepting his/her CFPS certificates, a CFPS agrees to: (1) hold IFPUG harmless from any and all liability arising out of their professional activities, and (2) abide by and uphold the IFPUG Code of Ethics.

In signing below, I certify that I have read and accept the CFPS Code of Ethics and its conditions, and that all information on this application is accurate to the best of my knowledge. I understand that falsification of any kind may be sufficient cause for rejection or withdrawal of certification and forfeiture of all fees.

Applicant's Signature: _____ Date _____

Fee: [] Member \$250 [] Student-Member \$50
Method of Payment: (Registration accepted by fax only when paying by credit card.)
[] Registration fee enclosed. Purchase Orders are not accepted. Make checks or money orders payable to IFPUG in U.S. funds only and drawn on a U.S. bank.
[] Charge To: [] MasterCard [] VISA [] American Express [] Discover
Account Number _____
Expiration Date _____
Signature _____
Mbr # _____
Affiliate type _____
Payments to the IFPUG are not deductible as charitable contributions for Federal Income Tax purposes. However, they may be deductible under other provisions of the Internal Revenue Code.

Effective July 1, 2003 you must be a member to take the CFPS Exam. In order to remain certified an individual must remain a member in good standing for the duration of the certification period (3 years).