



# APPLICATION FOR CBIP CERTIFICATION

TDWI: The Data Warehousing Institute

5200 Southcenter Boulevard, Suite 250, Seattle, WA 98188-7911

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Web: www.cbipro.com • E-mail: CBIP@tdwi.org

<b>Name</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs.	Last	First	Middle Initial	Year of Birth
	Name to appear on certificate			

<b>Home Address</b> use address for: <input type="checkbox"/> CBIP Business <input type="checkbox"/> TDWI Business <input type="checkbox"/> ICCP Business <input type="checkbox"/> Professional Material <input type="checkbox"/> Other Communication	Street Address			
	City	State		Postal/Zip Code
	Country/Province	Home Phone Number		E-mail

<b>Business Address</b> use address for: <input type="checkbox"/> CBIP Business <input type="checkbox"/> TDWI Business <input type="checkbox"/> ICCP Business <input type="checkbox"/> Professional Material <input type="checkbox"/> Other Communication	Organization Name		Street Address	
	City	State	Postal/Zip Code	Country/Province
	Phone Number	Fax Number	E-mail	Date of Employment
	Your Position		Primary Responsibilities	

<b>Previous IT Employment</b> complete only if your information technology experience above is less than 4 years	Organization Name		Dates of Employment	
	City	State	Postal/Zip Code	Country/Province
	Nature of Organization		Your Position	

<b>Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	Because of functional limitations imposed by disability, special arrangements will be necessary for me to complete the certification examination. If yes, please explain arrangements that you will need on a separate page and attach it to the application.
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<b>Education Level</b>	<input type="checkbox"/> Some High School	<input type="checkbox"/> Some College	<input type="checkbox"/> Bachelor's Degree	<input type="checkbox"/> Doctoral Degree
	<input type="checkbox"/> High School Graduate	<input type="checkbox"/> Junior College Graduate	<input type="checkbox"/> Master's Degree	<input type="checkbox"/> Other

<b>Degree Major</b>	<input type="checkbox"/> Business	<input type="checkbox"/> Statistics	<input type="checkbox"/> Education	<input type="checkbox"/> MIS/BIS	<input type="checkbox"/> Communications
	<input type="checkbox"/> Engineering	<input type="checkbox"/> Accounting	<input type="checkbox"/> Liberal Arts	<input type="checkbox"/> Information	<input type="checkbox"/> Other
	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Sciences	Systems	_____

<b>Examinations and Specialties</b>	Practitioner Level: To be CBIP certified, candidates MUST pass all 3 exams in their Specialty at 50%. Mastery Level: To be CBIP certified, candidates MUST pass all 3 exams in their Specialty at 70%. Examinations: TDWI Members...\$225 Non-Members...\$249			
	<input type="checkbox"/> Leadership & Management	management examination	data warehousing examination required	core examination required
	<input type="checkbox"/> Business Analytics	business information systems examination		
	<input type="checkbox"/> Data Analysis & Design	data management examination		
	<input type="checkbox"/> Data Integration	systems development examination		
	<input type="checkbox"/> Administration & Technology	<input type="checkbox"/> systems security or <input type="checkbox"/> database administration examination		

<b>Declarations</b>	Have you passed an ICCP exam and received a designation? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, when?
	Have you previously filed an application for certification with TDWI? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Have you previously filed an application for examination with ICCP? <input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that I have read and understand the instructions, and that the information supplied is correct. I further certify that I have read, understand, and accept the ICCP Code of Ethics, Conduct and Good Practice, and I understand that any knowingly false statement herein is grounds for rejection of this application and for revocation of the Certificate, if granted. I further understand that the liability of The Data Warehousing Institute, and its agents, is limited to examination fees only.



Date \_\_\_\_\_ Signature of Candidate \_\_\_\_\_

