



United Quality Management Institute

Application for recognition as:

Registered Quality Professional

I wish to apply for registration as: Registered Quality Professional

Please complete this form and submit to UQMI for review. You may email this application admin@uqmi.org, or mail to UQMI PO Box 355, Landis, NC-USA, 28088. Your application will be reviewed within 30 days upon receipt. Applicants will be notified by e-mail regarding the decision. If approved, you will be requested to submit your application fee of \$125. This will cover your registration for a period of three (3) years. Renewal rates are \$75 afterwards (without a break in renewal).

1. GENERAL INFORMATION

UQMI Member ID#	<input type="text"/>	Date	<input type="text"/>
Your full name	<input type="text"/>		
Name as desired on Certificate	<input type="text"/>		
Mailing Address	<input type="text"/>		
City & State	<input type="text"/>	Country	<input type="text"/>
		Zip or Postal Code	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>

By considering your training and experience, describe the areas of quality and/or continuous improvement practices in which you consider yourself qualified for recognition as a Quality Professional:

2. PRESENT OR MOST RECENT EMPLOYER

Company Name	<input type="text"/>						
Mailing Address	<input type="text"/>						
City	<input type="text"/>	State	<input type="text"/>	Zip	<input type="text"/>	Tel	<input type="text"/>
Your Position:	<input type="text"/>	Dates of Employment:	<input type="text"/>				

3. PREVIOUS EMPLOYMENT

Please list your previous employers: company name, your position, and dates of employment.

- 1)
- 2)
- 3)
- 4)
- 5)
- 6)

4. REFERENCES

Give name and contact information (phone and email address) of at least three (3) references having personal knowledge of your character and professional proficiency. It is your responsibility to request a reference letter from each of these individuals, and to ensure that these letters are forwarded to admin@uqmi.org . **Reference letters must be dated within the past 6 months.**

Name

Telephone number

Email address

- 1)
- 2)
- 3)
- 4)

5. EDUCATION

In chronological order, provide the name and location of each college, university or technical school attended, dates of attendance, and, if graduated, the year of graduation. Also list employer-sponsored training or other career-related education and training.

**Name and Location
of Institution**

**Years
Attended**

**Date
Graduated**

**Subject/
Major**

**Degree
Received**

6. CERTIFICATIONS and ACHIEVEMENTS

List any professional certifications, honors, achievements, or experiences that support your application for recognition as a quality professional. (Also, list any personal contributions to the quality profession, i.e.: articles, presentations, etc.)

**Item for
Consideration**

**Awarding
Organization**

**Date of
Recognition**

Item for Consideration	Awarding Organization	Date of Recognition

7. APPLICANT CERTIFICATION

I certify that I have personally completed this application and honestly believe that all information is accurate and complete to the best of my ability. I further certify that I will strive to be an example of integrity and professionalism in support of the vision and leadership of the United Quality Management Institute.

Signature of Applicant

Date

8. TO BE COMPLETED BY UQMI ADMINISTRATION

This application is hereby approved _____ or rejected _____

UQMI Administration

Date

Applicant notified of UQMI determination _____

Certificate # _____ issued dated _____. Certificate expires _____.