



# SAVE International Certification & Recertification Application for VMP and CVS

The entire certification or recertification application submission may be completed online via the SAVE International website or mail this completed application with all pertinent documents to the SAVE International Certification Administration Office.

## Instructions:

1. Complete the applicable portions of the application and sign.
2. Complete the *Requirement Matrix* and arrange attachments in the sequence illustrated.
3. Submit an original and four(4) copies (paper or digital) of the application and supporting documents.
5. Mail the complete submission package to: **Certification Administration Office, SAVE International, 136 South Keowee Street, Dayton, OH 45402 USA.**

If mailing your application submission, send one (1) original with four (4) hard copies or four (4) CD-ROMs of the entire application package.

## Certification Application Level

Check one and enclosed the indicated fee.

	<u>Member</u>	<u>Non-Member</u>
Value Methodology Practitioner	<input type="checkbox"/> \$240	<input type="checkbox"/> \$500*
Certified Value Specialist	<input type="checkbox"/> \$240	<input type="checkbox"/> \$500*

\*Non-member application fee includes one (1) year individual membership with SAVE International.

## Check one:

- Initial Application
- Recertification
- Life Recertification

**Note:** Effective July, 2008, there is no annual certification maintenance fee assessed against certifications and recertification submitted and approved after June 30, 2008. An annual maintenance fee of \$40 for SAVE International members and \$75 for non-members is assessed upon all VMP and CVS certifications and recertifications submitted and approved before June 30, 2008.

## Payment Information

- Check (enclosed)
- MasterCard
- American Express
- Visa

## Applicant Information (Please write legibly.)

Applicant's Full Name

Title

Company

Mailing Address

Telephone

Fax

Email

For *recertification applicants* only, please enter your VMP or CVS certification number: \_\_\_\_\_

For *initial certification applicants* only, please complete the following:

Advisor's Name

Advisor's CVS Number

Expiration Date

Company

Mailing Address

Telephone

Fax

Email

Having read the certification requirements and believing myself fully qualified, I declare that all submitted information is correct to the best of my knowledge. I have read the pledge to adhere to the SAVE International Standard of Conduct. I have attached the necessary documentation and will provide further evidence if requested.

Applicant's Signature

Date

Advisor's Signature

Date

*Note: Advisor information no applicable for recertification.*

Card Number

Expiration Date

Cardholder's Signature