

APICS Chapter Group Testing Candidate Registration

Form Note: Candidates are required to read the APICS Chapter Group Testing Candidate Fact Sheet before completing this form. Please fill out this form completely.

CHAPTER NAME _____

FIRST NAME _____

MIDDLE NAME _____

LAST NAME _____

APICS ID NUMBER* _____

DATE OF BIRTH (MM-DD-YY) _____

SOCIAL SECURITY NUMBER
(Optional - Last 4 digits only) _____

COMPANY NAME _____

Home

MAILING ADDRESS: Please indicate whether you are providing
your work or home address by checking the appropriate box.

Work

Note that score reports will be mailed to the address you enter on this registration form.

STREET ADDRESS _____

CITY _____

STATE/PROVINCE _____

US/CA/MX _____

ZIP/POSTAL CODE _____

DAYTIME TELEPHONE _____

EMAIL ADDRESS _____

EXAM DATE (MM-DD-YY) _____

EXAM CENTER (CITY NAME) _____

If you plan to take two exams in one day, please check with the sponsoring chapter to ensure that you can be accommodated.

APICS reserves the right to determine which exams will be offered during sessions.

APICS CPIM Exams

a.m. p.m.

APICS CSCP Exams

a.m. p.m.

Basics of Supply Chain Management

APICS Certified Supply Chain Professional

Detailed Scheduling and Planning

APICS Certified Supply Chain Professional Retake

Master Planning of Resources

Execution and Control of Operations

Strategic Management of Resources

By signing and submitting this registration form, you accept and abide by the APICS Code of Ethics and have read the APICS Chapter Group Testing Candidate Fact Sheet.

Signature _____

Date _____

*If you do not know your APICS ID number, contact APICS Customer Support at (800) 444-2742 or (773) 867-1777, 8:30 a.m. to 5:00 p.m. CT. In addition, original signed copies of the candidate registration form must be provided to APICS by your chapter.

