APPLICATION FORM
RE-CERTIFICATION APPLICATION FORM

SCHEME: *(Please mark appropriate level)*

Certified Productivity Specialist (CPS) : ☐

Senior Productivity Specialist (SPS) : ☐

Master Productivity Specialist (MPS) : ☐

For MPC-CB Use
Applicant Reference:

Please complete all fields and where sections are not applicable, please indicate "N.A.". All supporting documents, and cheque/ proof of payment of **RM1,750** for application, assessment and recertification fees must be submitted together with your application. Incomplete application shall not be processed. Please contact the secretariat at email: sec-cb@mpc.gov.my, should you have any enquiries.

NOTES

1. If your certification has expired, you are required to apply for re-qualification for CPS/SPS/MPS.

2. **Renewal* fees: RM1,750 / 3 years** [* For application, assessment and certification]
   - If paying by cheque, please make cheque payable to "Malaysia Productivity Corporation", and
   - Indicate clearly your CPS/SPS/MPS No. and full name at the back of the cheque.

3. You are required to meet the Continuing Professional Development (CPD) requirement of at least 90 CPD hours per triennium, of which at least 60 hours must be structured learning, with a minimum of 14 structured learning hours annually; and 30 hours of unstructured learning. Please update your CPD records using the prescribed form and submit it together with this application. Do keep records of your participation in CPD activities which must be produced when requested.

4. All sections of the application form are to be duly completed and signed and submitted together with all supporting documents and payment. Incomplete submission will not be accepted for processing.

5. Submit this form together with the supporting documents via email to sec-cb@mpc.gov.my indicating your name and CPS/SPS/MPS number. You may make online payment by bank transfer to:

   Bank A/C Name : **Malaysia Productivity Corporation**
   Bank A/C Number : **5641 6443 8566 Maybank**

   Please indicate your CPS/SPS/MPS number as payment reference.

6. Alternatively, you may send to submit the completed application or cheque payment to:

Malaysia Productivity Corporation
PO. BOX 64 Jalan Sultan,
46904 Petaling Jaya,
Selangor, Malaysia.
(Attn: Certification Body (MPC-CB))

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APPLICANT			
CPS/SPS/MPS Number			
Full Name (as in NRIC / Passport)			
CONTACT PARTICULARS Please indicate if your contact information has changed. If not, leave field blank.			
Correspondence Address			
Business Phone		Mobile Phone	
Home Phone		Email	

SUBMISSION CHECKLIST

- ☐ Duly completed and signed renewal form
- ☐ Completed and signed Continuous Professional Development Form
- ☐ Two (2) originals of written positive client testimonials within the last 3 years
- ☐ Cheque or online payment of RM1,750.

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DECLARATION
I declare that: 1. The information provided for the re-certification of my CPS/SPS/MPS and accompanying information supporting documents are true and correct to the best of my knowledge and that I have not withheld/distorted any material facts. 2. I am not an undischarged bankrupt and I have never been charged or convicted in any Court of Law or detained under the provisions of any written law. 3. I am not presently, nor have I been within the past three years, the subject of any civil legal action directly relating to my management consulting practice. 4. I am not presently, nor have I been within the past three years, the subject of any consumer complaint filed with a consumer protection agency such as the Consumers Association of Malaysia. 5. I am not presently, nor have I been within the past three years, the subject of any disciplinary action by a management consulting professional association. 6. I have not been debarred from any government schemes/programmes, etc. I acknowledge and agree that the MPC-CB reserves the right to ascertain the applicant's claims with relevant parties (e.g. government agencies, associations, client contacts and etc). 7. I am agreeable that the MPC-CB has the right to verify and obtain information with all parties as they think fit, with regards to the information and supporting documents provided by me in this application. 8. I hereby agree that MPC-CB may collect, obtain and store my personal/business data for administration of my application and use (via phone call, notices, emails or mail) to inform me of future events, updates, news and materials related to MPC-CB. **Upon being re-certified as a CPS/SPS/MPS:** 9. I shall continue to abide by the MPC-CB Code of Professional Conduct and will be subjected to any disciplinary actions by the Institute if I breach the conditions stated in the Code of Professional Conduct[#]. 10. I shall inform MPC-CB, without delay, on matters that can affect the capability of myself to continue to fulfil the certification requirements. *# Refer to details on the MPC-CB Code of Professional Code from the MPC website.*

SIGNATURE			
Name:		Date:	
Signature:			