## RECERTIFICATION APPLICATION

























Balanced Scorecard Institute,
a Strategy Management Group, Inc. company
2000 Regency Parkway, Suite 420
Cary, North Carolina 27518 USA
Telephone: (919) 460-8180
Contact: www.balancedscorecard.org

### Instructions

### **Requirements for Recertification**

All candidates for the Recertification must:

- 1. Complete and sign the application. Forms must be signed by the applicant in order to be processed.
- 2. Submit it electronically to <u>tsterling@strategymanage.com</u> by December 31<sup>st</sup> of the year of your recertification date
- 3. Remit the recertification fee: \$295.00. The recertification fee must accompany the application and is non-refundable. An applicant will not be considered for recertification without payment. Go to: <a href="https://strategymanage.com/course-registration-recertification/">https://strategymanage.com/course-registration-recertification/</a>
- 4. If you have any questions, please contact our Training Manger, Terry Sterling at the above email address.

All Certifications expire on December 31, three years from the year a person originally certified (e.g., if you certified in 2017, regardless of which month of the year, your certification is due for renewal by December 31, 2020).

| Signature and Attestation:   |       |  |  |  |
|--|-------|--|--|--|
| By signing below, I attest all of the information provided on this application is complete to the best of my ability. I further attest all of the information provided on this application to be true and correct. Intentionally providing false information on this application will result in any and all certifications held with the Strategy Management Group and the Balanced Scorecard Institute being permanently revoked. |       |  |  |  |
| Signed:  | Date: |  |  |  |
| Printed Name:  |       |  |  |  |

### **Applicant Information**

In the space below, please provide your contact information. The Institute will use the information provided to contact you regarding your application status and future communication.

| For which level of certification ar                         |                          |             |         |       |
|---|--------------------------|-------------|---------|-------|
| Balanced Scorecard Associate Recer                          |                          |             |         |       |
| Balanced Scorecard Professional Re                          |                          |             |         |       |
| Balanced Scorecard Professional Ma                          | ster Recertification     |             |         |       |
| KPI Associate Recertification                               |                          |             |         |       |
| KPI Professional Recertification                            |                          |             |         |       |
| OKR Professional Recertification                            |                          |             |         |       |
| Strategy Execution Professional Rec                         | ertification             |             |         |       |
|   |                          |             |         | ,     |
| Please provide us with the follow                           | ving contact information | n about you | :       |       |
| Date of Application   |                          |             |         |       |
| Last name   |                          |             |         |       |
| First Name and Middle Initial                               |                          |             |         |       |
| Name of your Organization                                   |                          |             |         |       |
| Job Title   |                          |             |         |       |
| Address   |                          |             |         |       |
| City  |                          |             |         |       |
| State/Province  |                          | Zip/Post    | al Code |       |
| Country   |                          | ·           |         |       |
| E-mail Address  |                          |             |         |       |
| Phone Number  |                          |             |         |       |
| How would you like your name to appear on your Certificate? |                          |             |         |       |
| Date of your original certification                         | Month:                   | Day:        |         | Year: |

### **Continuing Education**

### Strategy Management Group (SMG) Continuing Education

Please indicate additional courses and engagements with the Strategy Management Group and its' affiliates that you have completed since your last certification or recertification date.

| Course/Event  | Month/Year of<br>Course | Contact<br>Hours | Comments |
|---|-------------------------|------------------|----------|
| Balanced Scorecard Executive Overview                   |                         | 7.5              |          |
| Balanced Scorecard Essentials                           |                         | 7.5              |          |
| Principles of Balanced Scorecard                        |                         | 15.0             |          |
| Balanced Scorecard Associate<br>Certification           |                         | 22.5             |          |
| Balanced Scorecard Professional<br>Certification        |                         | 37.5             |          |
| Balanced Scorecard Master Professional<br>Certification |                         | 37.5             |          |
| KPI Essentials  |                         | 7.5              |          |
| KPI Associate Certification                             |                         | 22.5             |          |
| KPI Professional Certification                          |                         | 37.5             |          |
| OKR Professional Certification                          |                         | 22.5             |          |
| Strategy Execution Professional Certification           |                         | 37.5             |          |
| Other:  |                         |                  |          |

### **Degrees and Certifications**

Please list any degrees and certifications that you have completed since your last certification or recertification date.

| Title of Degree<br>and/or<br>Certification | Awarding<br>Institution/<br>Organization | Date<br>Awarded | Contact<br>Hours | Explanation of Relevancy |
|--|--|-----------------|------------------|--------------------------|
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### **Professional Development**

Please list any conferences, webinars, webcasts, continuing education courses, online courses, seminars, workshops, and video conferences that pertain to balanced scorecard, strategic planning, strategic management, performance measures, performance measurement, or performance management within the last three years since you were last certified or recertified.

| Professional<br>Development<br>Title | Awarding<br>Institution/<br>Organization | Date of<br>Event | Contact<br>Hours | Description |
|--------------------------------------|--|------------------|------------------|-------------|
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### **Contributions to the Field**

### **Publishing**

List any publications that you have authored or co-authored. These include books, articles, book chapters, and research papers. A concise description of the publication is required indicating the content and scope of the publication. All publications listed below must have taken place within the last three years since you were last certified or recertified.

| Title of<br>Publication | Date of Publication | Publication Information* | Description |
|-------------------------|---------------------|--------------------------|-------------|
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<sup>\*</sup>Please list all applicable: place of publication, publishing company, volume number, page numbers, web address (URL), company who posted the webpage, title of page

### **Teaching**

List any formal teaching activities including formal programs, courses, workshops or seminars. A concise description of the teaching activity is required indicating the content and scope of the teaching activity. All teaching activities listed below must have taken place within the last three years since you were last certified or recertified.

| Teaching<br>Activity | Date(s) | Host<br>Organization | Location | Contact<br>Hours | Description |
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### **Professional Experience**

Provide up to five examples of your professional experience that demonstrate skills in the areas of balanced scorecard development, strategic management, strategic planning, project management, performance measurement development, system administration, coordination, communication and management. All experience listed below must have taken place within the last three years since you were last certified or recertified.

| Organization & Title | Contact<br>Hours | Description of Assignment |
|----------------------|------------------|---------------------------|
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# Provide additional details or use the space below and on the following pages if needed for explanation of any of the preceding information.

Continuation

## Continuation Provide additional details or use the space below and on the following pages if needed for explanation of any of the preceding information.