

## Recertification Application for Certified Balanced Scorecard Professional and Balanced Scorecard Master Professional

# About the Balanced Scorecard Professional (BSP) and Balanced Scorecard Master Professional (BSMP) certifications

The Balanced Scorecard Institute, the *original certifying body* for balanced scorecard practitioners, created international balanced scorecard certification standards with its Professional Certification Program. The program, which includes two levels of certification: *Balanced Scorecard Master Professional* (BSMP), and *Balanced Scorecard Professional* (BSP), is offered in association with the <u>George Washington University College of Professional Studies</u>. As a comprehensive program on leading a balanced scorecard strategic planning and management system implementation using the Institute's *Nine Steps* methodology, it is ideal for participants charged with building, implementing, managing, and sustaining balanced scorecard planning and management systems. Fully consistent with basic balanced scorecard concepts & terminology developed by Drs. Kaplan & Norton, it was developed by the Institute for members of balanced scorecard teams who want to learn how to build, deploy, and sustain scorecard systems, and for anyone who wants to incorporate lessons learned and best practices into the development of a strategic management system.

#### Why Get Certified?

Certification is a great way to accelerate your career in strategic planning and balanced scorecard implementation. Even if you have been working with balanced scorecards for many years, certification is an excellent way to market yourself. By earning and maintaining your certification, you are showing a potential or current employer that you are willing to test your knowledge against best practices. Recertification demonstrates that you have continued to apply yourself in the field of strategic performance management and are attuned to new learnings, developments, tools, and techniques.

#### Maintaining the BSP or BSMP Designation - Recertification

Recertification is based upon earning 50 credits through continuing education, contributions to the field, and on the job experience. The Institute has established a certification committee to oversee the certification program.

BSP Certifications expire on December 31, **three** years from the year a person originally certified (e.g., if you certified in 2012, regardless of which month of the year, your certification is due for renewal by December 31, 2015).

BSMP Certifications expire on December 31, **five** years from the year a person originally certified (e.g., if you certified in 2010, regardless of which month of the year, your certification is due for renewal by December 31, 2015).

Annual recertification notices are sent, as a courtesy, in the first quarter of the year in which the individual is due for renewal and additional reminders are sent throughout the year. Accompanying the reminder notice, will be a link to, information regarding the recertification process and instructions to access the recertification application form and guidelines.

#### **Requirements for Recertification**

All candidates for the Recertification must:

- 1. Complete the application and submit it electronically by December 31 of your recertification date.
- 2. Sign the application. Forms must be signed by the applicant in order to be processed.
- 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.

### **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 are you applying?**If both certifications were achieved, please choose BSMP |      |  |
|--|------|--|
| Balanced Scorecard Professional Recertification  | BSP  |  |
| Balanced Scorecard Professional Master Recertification   | BSMP |  |

| Please provide us with the following contact information about you:  Date of Application  Last name  First Name and Middle Initial  Mailing Address  City  State/Province  Zip/Postal Code  Country  Personal E-mail Address  Home Phone Number  Alternate Phone Number  How would you like your name to appear on your Certificate?  Date of your original certification  Name of your Organization  Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code  Work Phone Number |  |  |  |
|--|--|--|--|
| Last name First Name and Middle Initial Mailing Address City State/Province Zip/Postal Code Country Personal E-mail Address Home Phone Number Alternate Phone Number How would you like your name to appear on your Certificate? Date of your original certification  Name of your Organization Industry Your Title Work Address City State/Province Zip/Postal Code   |  |  |  |
| First Name and Middle Initial  Mailing Address  City  State/Province  Zip/Postal Code  Country  Personal E-mail Address  Home Phone Number  Alternate Phone Number  How would you like your name to appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position  Name of your Organization Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code  |  |  |  |
| Mailing Address  City  State/Province  Zip/Postal Code  Country  Personal E-mail Address  Home Phone Number  Alternate Phone Number  How would you like your name to appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position  Name of your Organization Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code   |  |  |  |
| City State/Province Zip/Postal Code Country Personal E-mail Address Home Phone Number Alternate Phone Number How would you like your name to appear on your Certificate? Date of your original certification Month: Day: Year:  Current Position Name of your Organization Industry Your Title Work Address City State/Province Zip/Postal Code  |  |  |  |
| State/Province  Zip/Postal Code  Country  Personal E-mail Address  Home Phone Number  Alternate Phone Number  How would you like your name to appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position  Name of your Organization  Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code   |  |  |  |
| Zip/Postal Code  Country  Personal E-mail Address  Home Phone Number  Alternate Phone Number  How would you like your name to appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position  Name of your Organization  Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code   |  |  |  |
| Country  Personal E-mail Address  Home Phone Number  Alternate Phone Number  How would you like your name to appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position  Name of your Organization  Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code  |  |  |  |
| Personal E-mail Address  Home Phone Number  Alternate Phone Number  How would you like your name to appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position  Name of your Organization  Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code   |  |  |  |
| Home Phone Number  Alternate Phone Number  How would you like your name to appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position  Name of your Organization Industry Your Title  Work Address  City  State/Province  Zip/Postal Code  |  |  |  |
| Alternate Phone Number How would you like your name to appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position Name of your Organization Industry Your Title Work Address City State/Province Zip/Postal Code   |  |  |  |
| How would you like your name to appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position  Name of your Organization  Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code   |  |  |  |
| appear on your Certificate?  Date of your original certification Month: Day: Year:  Current Position  Name of your Organization  Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code   |  |  |  |
| Date of your original certification Month: Day: Year:  Current Position  Name of your Organization  Industry  Your Title  Work Address  City  State/Province  Zip/Postal Code  |  |  |  |
| Current Position  Name of your Organization Industry Your Title Work Address City State/Province Zip/Postal Code   |  |  |  |
| Name of your Organization Industry Your Title Work Address City State/Province Zip/Postal Code   |  |  |  |
| Name of your Organization Industry Your Title Work Address City State/Province Zip/Postal Code   |  |  |  |
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| Work Address City State/Province Zip/Postal Code   |  |  |  |
| City State/Province Zip/Postal Code  |  |  |  |
| State/Province Zip/Postal Code   |  |  |  |
| Zip/Postal Code  |  |  |  |
|  |  |  |  |
| Work Phone Number  |  |  |  |
| WOLK FIIOHE MUHIDEL  |  |  |  |
| Work E-mail Address  |  |  |  |
| Work Fax Number  |  |  |  |
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|  |  |  |  |
| Applicant's Signature  |  |  |  |
|  |  |  |  |
| I,, verify that the below information is true and accurately portrayed. I acknowledge that if asked, I can provide documentation for any of the information I provided.  |  |  |  |
| in asked, i can provide accumentation for any or the information i provided.   |  |  |  |
| SignedDate   |  |  |  |

## **Continuing Education**

#### **Balanced Scorecard Institute Continuing Education**

Please indicate additional courses and engagements with the Balanced Scorecard Institute and its' affiliates that you have completed since your last certification or recertification date.

| Balanced Scorecard Continuing Education   | Date of<br>Attendance | Contact hours | Additional comments |
|---|-----------------------|---------------|---------------------|
| Balanced Scorecard Annual Conference  |                       | 22.5          |                     |
| Balanced Scorecard Alumni Breakfast   |                       | 3.5           |                     |
| BSC Masters: Project Management   |                       | 15            |                     |
| BSC Masters: Strategic Planning and Management                                      |                       | 15            |                     |
| BSC Masters: PuMP Performance Measure Blueprint Certification                       |                       | 15            |                     |
| BSC Masters: LEAN Six Sigma Yellow Belt<br>Certification                            |                       | 7.5           |                     |
| BSC Masters: Alignment Optimization   |                       | 7.5           |                     |
| BSC Masters: Developing Meaningful Performance Measures for Business and Government |                       | 22.5          |                     |
| BSC Essentials: Two Day   |                       | 15            |                     |
| BSC Essentials: Application Program   |                       | 7.5           |                     |
| BSC Essentials: Rebalancing Your Balanced Scorecard                                 |                       | 15            |                     |
| BSC Essentials: Cascading the Balanced Scorecard                                    |                       | 15            |                     |
| BSC Executive Overview  |                       | 7.5           |                     |
| Balanced Scorecard e-Learning   |                       | 1.5           |                     |
| Balanced Scorecard 3 Day Retreat  |                       | 22.5          |                     |
| Balanced Scorecard Institute Affiliate Programs                                     |                       |               |                     |

#### **Degrees and Certifications**

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

| Title of Degree and/or Certification | Awarding Institution/Firm | Date of Award | 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 Development Title | Awarding Institution/ Organization | Date of Award | 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 and Date of<br>Publication | Publication Information (Please list all applicable: place of publication, publishing company, volume number, page numbers, web address (URL), company who posted the webpage, title of the page) | Contact<br>Hours | Description |
|----------------------------------|---|------------------|-------------|
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#### **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 Activity | Date(s) | Host<br>Organization | Location | Contact<br>Hours | Description |
|-------------------|---------|----------------------|----------|------------------|-------------|
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#### **Speaking Engagements**

List any speaking engagements related to balanced scorecard, strategic planning, strategic management, performance measures, performance measurement, or performance management. A concise description of the speaking engagement is required indicating the content and scope of the speaking engagement. All speaking engagements listed below must have taken place within the last three years since you were last certified or recertified.

| Presentation Title | Host Organization | Date | Contact 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 and Title | Contact<br>Hours | Description of assignment |
|------------------------|------------------|---------------------------|
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