



Application for Certification Certified Petroleum Data Analyst (CPDA)

Personal Information

First Name:	Prefix:		
Last Name:	Middle Name:		
Preferred Name:			
Phone:	Personal Phone:		
Your name will appear on your certificate as <First Name> <Last Name>			
Are you a member of PPDM? Yes No	Company Name:		
Email Address:	Alternate Email Address:		
Mailing Address:			
City:	Province / State:	Country:	Postal Code:
Timezone:			

Education

To reach the required sum of education and experience, you may need to demonstrate your training, education, and skill enhancement, directly or indirectly related to the petroleum and/or data analyst profession. Data Analysts can come from a variety of backgrounds (for example, a technical, analytical, numerical, or scientific background). If you feel that your education and training has provided a foundation for petroleum data analysis, please list it here.

Name of Educational Institution / Provider:			
City:	Province / State:	Country:	
Education program type (or global equivalent):			
Major subject of study:			
Length of Program - Year:		Month:	Degree or Designation Achieved:
Date Achieved - Year:	Month:	Or In-progress? In-progress	% Completed



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Name of Educational Institution / Provider:

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Major subject of study:

Length of Program - Year:	Month:	Degree or Designation Achieved:	
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Date Achieved - Year:	Month:	Or In-progress? In-progress	% Completed



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Experience

Please list all work experience that you feel has prepared you for completing the CPDA Exam. Candidates will need to demonstrate relevant work experience within the petroleum and / or data analysis profession.

Company / Organization:

City:	Province / State:	Country:
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Job Title:

Start Date: Month Year	End Date: Month Year Or Current
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Check here if your position is / was part time: Part Time	If your position is / was part time, please indicate the % of full time hours worked: % of Full Time
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General description of work:

Company / Organization:

City:	Province / State:	Country:
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Job Title:

Start Date: Month Year	End Date: Month Year Or Current
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Check here if your position is / was part time: Part Time	If your position is / was part time, please indicate the % of full time hours worked: % of Full Time
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General description of work:



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General description of work:



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Declaration of Applicant

I hereby declare that all information given on this application is true and complete. I understand that PPDM reserves the right to deny my application on any grounds it deems reasonable. I also understand that any misrepresentation on my part may result in denial of my application or cancellation of my certified status. If certified, I shall comply with the relevant policies of PPDM, including but not limited to the *Privacy Policy* and the *Ethical Integrity Policy*.

I understand that my personal information will be stored by PPDM, and that my references will be required to approve the storage of their information by PPDM.

I understand that to write my exam, I will log into the system and show the live virtual proctor one piece of government issued photo ID. I will be in a quiet, private location with no additional aides (textbooks, tablets, cell phone, etc.) around me for the duration of the exam. The virtual proctor will observe me in real time via webcam and communicate with me via speakers/headphones and microphone. I will be requested to pan the room 360 degrees with my webcam before I begin the exam, and after any breaks. I understand that any anomalies observed by the proctor once the test has started will be reported to PPDM. I agree that the recording of my proctored exam session will be securely stored by PPDM for 6 months, or longer in cases where an investigation or appeal is underway.

I agree that my name will be listed in the online PPDM Credential Registry as long as I hold the CPDA certification.

As a CPDA I will be required to obtain Professional Development Units and remain current with my annual renewal fees to maintain my certification and retain documentation supporting reported PDU activities as outlined in the CPDA Credential Maintenance Handbook.

PPDM requires consent pursuant to Canada's Anti-Spam Legislation (CASL) to send electronic communications. I consent to receipt of electronic messages from PPDM.

Applicant Signature: _____

Date: _____

Please print and sign your application, and scan / email or mail it to:

PPDM Association

Bankers Hall, PO Box 22155
Calgary, AB
T2P 4J5 Canada

Email: certification@ppdm.org