



Enterprise Project Management Office

CERTIFICATION - PROJECT MANAGEMENT METHODOLOGY

www.da.ks.gov/kito

REGISTRATION FORM FOR PMM CERTIFICATION TRAINING

Directions: Complete the form, and email or fax as indicated below.

Employee I.D.# _____ Name: _____
 (Required) Last First M

E-Mail Address: _____ State agency # or FEIN: _____

Agency Name: _____ Division/Bureau: _____

Work Address: _____

Work Phone: _____

Enrollment Statement: All participants attending PMM training are required to act in a professional manner. Each participant shall promote, support, focus on, and demonstrate respect for all people and positively contribute to an inclusive training environment for all participants. It is estimated one to two hours of additional reading and study time per day may be required. All electronic devices must remain off during class.

Employee's Signature Indicates Acknowledgment: _____

Supervisor's or HR Manager's Signature Indicates Approval to Attend _____ Date _____

Supervisor's Email Address: _____ Supervisor's Phone: _____

Please enroll me for the following course(s):

Course	Date	Amount
____ PMM I – Initiating, Planning, Integration & Staffing	_____	_____
____ PMM II – Budgeting, Quality, Change, Risk & Start Up	_____	_____
____ PMM III – Execution, Monitoring and Close Out	_____	_____

An Interfund Voucher or Invoice will be initiated after the class. Please include billing information:

Billing Contact: _____

Billing Address: _____

This form can be completed electronically and emailed to: KITO@da.ks.gov

Or you can FAX to: (785) 296-1168, Attn: EPMO.

If you need special accommodations, please call (785) 368-7161 at least ten (10) days prior to class.

Cancellation Policy:

Cancellations up to twenty (20) business days prior to the class date – 100% refund

Cancellations less than twenty (20) business days prior to the class date – no refund