

Institute of Certified Management Accountants

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CHINESE LANGUAGE CMA EXAMINATION REGISTRATION FORM

PERSONAL INFORMATION **TYPE OR PRINT CLEARLY**

Please check box if you are applying to the ICMA program, complete side two and pay the \$125 certification entrance fee. No exam will be authorized without remitting the certification entrance fee. This is a one-time payment.

Mr. Ms. Miss Mrs. Dr. IMA Member # _____

Last Name/Family Name First Name/Surname Middle Initial Suffix

Please check box if this is a new address. Please Specify Home Business

Mailing Address/Street/P.O. Box _____

City State/Province/Country Zip Code/Postal Code

Daytime Telephone (include area code or country/city code) _____

E-mail Fax Number: (Include Area/Country/City Codes)

NOTES:

(1) Examination Fees and Certification Entrance Fees are NOT REFUNDABLE.

(2) You are required to take all the parts you register for within the same 120 day authorization period.

(3) Parts 1, 2, and 3 must be passed before registering for Part 4.

(4) Part 4 of the Chinese Language CMA exam will be offered at prearranged limited time periods. Exam schedules will be provided to those eligible for Part 4 and announced on the IMA website.

PLACE A CHECK MARK IN THE BOX(ES) BELOW FOR THE PART(S) YOU WISH TO TAKE AT THIS TIME

\$125
**Certification
 Entrance Fee
 (Chinese)**

PART 1
 Business
 Analysis
 (Chinese)

PART 2
 Management
 Accounting
 & Reporting
 (Chinese)

PART 3
 Strategic
 Management
 (Chinese)

PART 4
 Business
 Applications
 (Chinese)
 (See Notes 3 & 4 Above)

TOTAL PARTS _____

\$125 Certification Entrance Fee if applicable (MUST BE PAID PRIOR TO TAKING FIRST EXAM; \$ _____

\$165 Examination Fee per part \$ _____

\$115 Part 1 Waiver Fee if applicable (Arrange to have proof sent directly from the certifying organization) \$ _____

AMOUNT DUE \$ _____

ADDITIONAL EDUCATIONAL INFORMATION

Check one of the following and make arrangements for supporting documents to be forwarded to the IMA certification department.

- Later** - By selecting this option, applicants choose to provide their educational credentials after completing the exams. If you would like to have your credentials reviewed prior to taking the exams to ensure that they are acceptable, please select one of the options below. Please note that the educational requirement must be fulfilled prior to certification.
- College Graduate** - Submit official transcript showing university degree conferred and official university seal or arrange to have proof of degree sent directly from university. All Documents must be translated into English.

NOTE: Please pay the certification entrance fee before submitting your educational credentials.

Name on transcript (if different from front of registration form)

- GMAT or GRE Scores** - Provide copy of scores.
- Professional Certification** – Arrange to have proof of certification sent directly from the certifying organization. See listing of acceptable certifications at http://www.imanet.org/certification_started_education_professional.asp

CONFIDENTIALITY STATEMENT & PAYMENT INFORMATION

I hereby attest that I will not divulge the content of this examination, nor will I remove any examination materials, notes, or other unauthorized materials from the examination room. I understand that failure to comply with this attestation may result in invalidation of my grades and disqualification from future examinations. For those already certified by the Institute of Certified Management Accountants, failure to comply with the statement will be considered a violation of IMA's Statement of Ethical Professional Practice and could result in revocation of the certification.

I affirm that the statements on this registration are correct and agree to abide by IMA's Statement of Ethical Professional Practice.

Signature of Applicant: _____ Date: _____

PREFERRED METHOD OF PAYMENT (All payments must be in U.S. Dollars)

Wire Payments

All wire transfers must be made with banks fees prepaid. Please notify IMA by e-mail (dhuckins@imanet.org) that you are paying by wire transfer. Include your name, amount sent, and wire transfer receipt number.

Check Payments

My check for \$ _____, payable to ICMA, is enclosed. No checks drawn from foreign banks will be accepted unless they are payable through U.S. correspondent banks and in U.S. dollars.

Credit Card Payments

Charge my credit card: VISA MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____ / _____
MM/YY

Card Holder Name: _____

Signature of Card Holder: _____

IMA occasionally makes available its members' addresses (excluding telephone and e-mail) to vendors who provide products and services to the management accounting and finance community. If you prefer not to be included in these lists, please check this box.

PLEASE COMPLETE BOTH SIDES

NOTE: PAYMENT IN FULL MUST ACCOMPANY REGISTRATION FORM - FEES SUBJECT TO CHANGE

5/07