



Application to be assigned a Certification Mentor

APPLICANT INFORMATION

Full Name of Applicant _____

Type of Certification Pursued (please check one): CPPO _____ CPPB _____

Date NIGP Course(s) Attended: GPP _____ IPP _____ APP _____ PPM _____

Mailing Address _____

Daytime Telephone _____ Evening Telephone _____

Fax Number _____ Email _____

CURRENT EMPLOYMENT STATUS

Agency _____

Official Title _____ Working Title _____

Year(s) in Present Title _____ Total Years in Purchasing Profession _____

Previous Purchasing Experience (indicate positions, employers, and dates of employment) _____

PROFESSIONAL AFFILIATION

SETAPP Membership Type: ___ Regular ___ Honorary ___ Retired ___ Associate ___ Student

How long have you been a member of SETAPP? _____

Please describe your expectations for this endeavor & list any particular areas for which you are requesting guidance

METHODS OF COMMUNICATION

The preferred method of communication between student and mentor is via email. The mentor should notify the student of convenient or appropriate times to be reached by telephone. Correspondence via fax or snail mail is also acceptable.

The committee will match mentors and students. The committee will notify both the mentor and student with the information regarding the person they have been matched with. The mentor is encouraged to contact the student immediately to encourage the line of communication.

Students are encouraged to contact the mentor with purchasing questions - especially those related to the certification for which they are in pursuit. In turn, mentors are encouraged to contact the student on a regular basis to discover how they may assist in studies and exam preparation.

Mentors are those chapter members who currently hold a CPPB or CPPO certification. Students are those chapter members who are pursuing their CPPB or CPPO certification, and have taken one or more of the recommended NIGP courses (GPP & IPP = CPPB, APP & PPM = CPPO) in preparation of same. CPPB mentors will be matched with CPPB students. CPPO mentors will be matched with CPPO students.

I certify to the best of my ability that the statements made herein represent true and factual information. I also agree to abide by the NIGP Code of Ethics, whether or not I am a member of NIGP.

Applicant's Signature _____ Date _____

*** FOR COMMITTEE USE ONLY***

Date Application Received _____ Date Reviewed by Committee _____

Recommendation _____

Signature of Committee Chairperson _____