

New Product Development Professional (NPDP) Certification Program Application

Please print this page, sign it, and send it with your other application materials. After printing this page, go to the [Experience Description Form](#).

Affirmation

I understand and agree that any false or misleading statements regarding my education, professional training, work experience, or any other information submitted in support of this application may result in the immediate loss of certification, denial of eligibility for certification or renewal of certification, or may result in the revocation of certification previously granted to me.

I agree that the PDMA and the NPDP Certification Committee may communicate or consult with any person, educational institution, company, agency, or organization to review or verify any of the information submitted on or in support of this application. I will promptly authorize release of any information requested by the PDMA or the NPDP Certification Committee in connection with this review and verification process.

I agree to abide by the PDMA Code of Ethics and to be bound by all of the policies and procedures established by the PDMA and the NPDP Certification Committee. I agree that any disputes relating to this application or my certification shall be resolved in accordance with these policies and procedures. I further agree that my application and any supporting documentation are the property of the PDMA and will not be returned to me, and that information related to my participation in the NPDP certification program may be used in an anonymous manner for research purposes without the need for me to execute any further consent or authorization.

I hereby release, discharge, and indemnify the PDMA, the NPDP Certification Committee, and all of their members, directors, officers, employees, and agents from any actions, suits, claims, or damages arising out of or in any way connected with this application, any examination or review of my qualifications for certification, or any liability or claims arising out of or in any way related to my new product development or other professional activities. By executing below, I authorize the PDMA and the NPDP Certification Committee to release any information requested regarding my certification status.

Signature

Print Name

Date

Unsigned applications cannot be processed.