



Employment Verification Form

The Certified Change Management Professional™ (CCMP™) credential is designed to be a globally recognized credential indicating to employers, clients and customers, peers and colleagues that a change manager / leader possesses change management knowledge, experience, expertise, training, and skill to successfully help organizations and individuals achieve critical business results.

To help establish an individual's capability in meeting the credential criteria, ACMP requires each applicant to detail their education, experience, knowledge and training in the domain of change management. A key component of the program is the validation of such information, which helps ACMP to uphold the high standards of the credential.

The individual named below has submitted some work experience details that we wish to confirm. We respectfully request your assistance in qualifying this applicant by taking a moment to validate the individual's submitted work experience as it relates to your organization and the work they performed there. Thank you in advance for a prompt response.

A. Applicant Authorization (to be completed first by individual)

I hereby authorize the release of my employment information as it relates to work performed with the organization noted below:

Applicant Name:	
Applicant Address:	
Applicant Email Address:	
Applicant Phone Number:	
CMS ID:	
Organization/Firm Worked at:	
Position/Job Title Held:	
Name of Change Management Project:	
Project Start Date:	
Project End Date:	
Applicant Signature:	

B. Employer Verification

I hereby verify that the information provided above is true and accurate:

Employer Name:	
Employer Title (at time of applicant's change project):	
Employer Signature:	
Date:	

If the information provided by the individual is incorrect or additional comments are required, please record details below:

Employer: please send completed form to: askccmp@acmp.info