

Application for State Certification

Certified Texas Contract Manager (CTCM)

Employment Information

Name listed here will appear on your CTCM certificate

First Name

Middle Name

Last Name

Name of Agency

Agency Number

Agency Mailing Address

City

State

Zip Code

Agency Phone Number (area code and number)

Agency Email Address

Course Requirements

Provide date (mm/dd/yy) when you completed required course:

Texas Contract Management Certification Training

Attest

I (applicant) attest that all information is true and correct. I further acknowledge that I meet the qualifications for certification, that all required training provided by CPA has been completed and that I have passed CPA's certification exam. My signature acknowledges that I will follow applicable Texas state statutes, rules and state ethics policies. I acknowledge that the issued certificate has an expiration date and will require completion of 24 statewide procurement-sponsored continuing education hours to renew my certification.

sign
here

Applicant Signature

Date

Submit form to: ctp@cpa.texas.gov

For certification questions, email: ctp@cpa.texas.gov or call 512-463-5355