

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