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| 2023年国际注册管理咨询师（CMC）延续申请表(中文部分) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(A)个人详细资料** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓 名 | |  | | | 拼 音 | | | |  | | | | | | | | | | | | | | 照片 | | | | | | |
| 性 别 | |  | | | 身份证号 | | | |  | | | | | | | | | | | | | |
| 学 历 | |  | | | 移动电话 | | | |  | | | | | | | | | | | | | |
| 职 务 | |  | | | 微 信 | | | |  | | | | | | | | | | | | | |
| 邮 编 | |  | | | 电子邮箱 | | | |  | | | | | | | | | | | | | |
| 工作单位 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 通讯地址 | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作年限 | |  | | | 单位人数 | | | | 10人以下 | | | | 10-  100人 | | | | | 100-  500人 | | | | | 500人  以上 | | | | | | （用颜色标注） |
| **（B）企业高级管理经验** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开始时间 | | 结束时间 | | | | | | 单位名称 | | | | | | | | | | | | | | | | | 职务及工作职责 | | | | |
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| **（C）管理咨询工作经验** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开始时间 | | 结束时间 | | | | | | 单位名称 | | | | | | | | | | | | | | | | | 职务及工作职责 | | | | |
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| **(D)教育背景** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开始时间 | | 结束时间 | | | | | | 学校名称 | | | | | | | | | | | | | | | | | 专业与证书（附证书号） | | | | |
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| **（E）曾获得专业技术等级资格证书(附复印件或其他证明)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 证书名称 | | 专业等级 | | | | | | 颁发日期 | | | | | | | | | | | | | | | | | 颁发机构 | | | | |
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| **（F）参加过的管理或管理咨询培训及授课情况** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.接受培训课程 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开始时间 | | 结束时间 | | | | | | 培训内容 | | | | | | | | | | | | | | | | | 培训证书  （如果有） | | | | |
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| 2.参加授课情况 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 开始时间 | | 结束时间 | | | | | | 授课内容 | | | | | | | | | | | | | | | | | 授课证书  （如果有） | | | | |
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| **（G）专业条件（至少八项）** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 说明： 此处填写由以下两种或其中任意一种内容组成。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 管理咨询工作：本人担任项目经理角色组织完成的咨询项目或研究课题。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. 企业管理工作：本人组织领导完成的效果明显的管理改善、创新等活动。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 项目标题 | | 完成时间 | | | | 项目耗时 | | | | | | | | 客户联系方式  (姓名、电话) | | | | | | | | | | | | | | | |
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| **（H）咨询领域及课题** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 请用符号“1”标注你最擅长的课题（至多三个）： | | | | | | | | 请用符号“1”标注你最擅长的行业（至多三个）： | | | | | | | | | | | | | | | | | | | | | |
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| 战略规划 | | |  | | | | | 汽车 | | | |  | | | | | | 媒体 | | | | | | | | |  | | |
| 市场和营销 | | |  | | | | | 金融 | | | |  | | | | | | 交通 | | | | | | | | |  | | |
| 财务管理 | | |  | | | | | 能源 | | | |  | | | | | | 医药 | | | | | | | | |  | | |
| 人力资源 | | |  | | | | | 化工 | | | |  | | | | | | 环保 | | | | | | | | |  | | |
| 组织 | | |  | | | | | 物流 | | | |  | | | | | | 电气 | | | | | | | | |  | | |
| 生产管理 | | |  | | | | | IT服务 | | | |  | | | | | | 大型设备 | | | | | | | | |  | | |
| 质量管理 | | |  | | | | | 旅游 | | | |  | | | | | | 酒店 | | | | | | | | |  | | |
| 流程再造 | | |  | | | | | 零售 | | | |  | | | | | | 电子商务 | | | | | | | | |  | | |
| 信息系统 | | |  | | | | | 教育 | | | |  | | | | | | 农副 | | | | | | | | |  | | |
| 企业文化 | | |  | | | | | 贸易 | | | |  | | | | | | 政府 | | | | | | | | |  | | |
| 如有其它，请在此注明： | | | | | | | | 如有其它，请在此注明： | | | | | | | | | | | | | | | | | | | | | |
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| **（I）CMC认证申请人声明** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.我声明，上述申请表里的信息都是真实和准确的。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.我确信我的能力符合ICMCI关于CMC知识体系的要求，并运用到我的咨询实践中。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.我保证，在我申请CMC延续前三年始终从事管理咨询及相关工作。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.我同意遵守ICMCI关于CMC的相关规定和其它规章制度以及今后修改完善的条款。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.我声明遵守ICMCI的行业准则与道德规范，尽我所能，帮助客户完成目标。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 申请人签名（电子签名）： 日期: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（**J）其他提交材料 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. 身份证扫描件； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. 1寸（2.5cm×3.5cm）护照照片； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. 学历、职称等证书扫描件； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. 最近3年所做管理咨询报告1份并提供证明（所在机构或客户），或所做管理，或管理咨询教学案例1份并提供证明（所在机构或客户）； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. 面试答辩用管理咨询报告一份（PPT或PDF格式均可）； | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 以上材料皆以电子版格式提交。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **（K）中国企业联合会填写内容** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **中国企联CMC认证管理办公室意见：** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 经审查，该名同志的个人情况达到国际注册管理咨询师（CMC）认证标准中对于申请人的最低要求，同意其参加认证考核。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 代码： | 1001 | | | 1002 | | | 1003 | | | 1004 | | | | | | 1005 | | | | | 1006 | | | | | | | 1007 | |
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| 负责人：＿＿＿＿＿＿ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ＿＿＿年＿＿月＿＿日 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **APPLICATION FOR CERTIFIED MANAGEMENT CONSULTANT (CMC)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(A)PERSONAL INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME | |  | | | | | | | GENDER | | | | | | | |  | | | | | Photo | | | | | | | |
| DEGREE | |  | | | | | | | ID NO. | | | | | | | |  | | | | |
| NATIONALITY | |  | | | | | | | WEBSITE | | | | | | | |  | | | | |
| TELEPHONE | |  | | | | | | | MOBILE | | | | | | | |  | | | | |
| FAX | |  | | | | | | | EMAIL | | | | | | | |  | | | | |
| POST CODE | |  | | | | | | | ADDRESS | | | | | | | |  | | | | | | | | | | | | |
| POSITION | |  | | | | | | | ORGANIZATION | | | | | | | |  | | | | | | | | | | | | |
| CONSULTING YEARS | |  | | | | | | | EMPLOYEE | | | | | | | | 1-10 | | 10-  100 | | | | | 100-  500 | | more than 500 | | | |
| **(B)EDUCATION BACKGROUND** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | TO | | | | | | | SCHOOL/INSTITUTE | | | | | | | | | | | DEGREE AWARDED | | | | | | | | | |
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| **（C）PROFESSIONAL QUALIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(Please enclose copies of certificates and / or other evidence)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| QUALIFICATION NAME | | | | | | | | DATE | | | | | | | GRADE | | | | | ORGANIZER | | | | | | | | | |
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| **（D）MANAGEMENT CONSULTANCY TRAINING RECEIVED / ATTENDED** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. Description of course and practical training as a trainee** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | TO | | | | | | TITLE | | | | | | | | | | | | | | | | | CERTIFICATION NAME | | | | |
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| **2. Description of course and practical training as a trainer** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | TO | | | | | | TITLE | | | | | | | | | | | | | | | | | CERTIFICATION NAME | | | | |
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| **（E）Senior Management Experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | TO | | | | | | EMPLOYER | | | | | | | | | | | | | | | | | POSITION & RESPONSIBILITY | | | | |
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| **（F）Management Consulting Experience** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FROM | | TO | | | | | | EMPLOYER | | | | | | | | | | | | | | | | | POSITION & RESPONSIBILITY | | | | |
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| **(G) PROFESSIONAL FIELDS OF MANAGEMENT CONSULTING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AT MOST THREE OF YOUR MOST SPECIAL (SPECIALTY) | | | | | | | | | | | AT MOST THREE OF YOUR MOST SPECIAL ( INDUSTRY) | | | | | | | | | | | | | | | | | | |
| Strategic Planning | | | | | | | |  | | | Manufacture | | | | | | | | | | | | | |  | | | | |
| Sales and Marketing Management | | | | | | | |  | | | Banking and Finance | | | | | | | | | | | | | |  | | | | |
| Financial Management | | | | | | | |  | | | Energy/Chemicals | | | | | | | | | | | | | |  | | | | |
| Human Resource Management | | | | | | | |  | | | Logistics/Transportation | | | | | | | | | | | | | |  | | | | |
| Supply Chain Management | | | | | | | |  | | | Telecommunications | | | | | | | | | | | | | |  | | | | |
| Production Management | | | | | | | |  | | | IT | | | | | | | | | | | | | |  | | | | |
| Quality Management | | | | | | | |  | | | Hotel/Travel | | | | | | | | | | | | | |  | | | | |
| Business Process Re-engineering | | | | | | | |  | | | Retail | | | | | | | | | | | | | |  | | | | |
| Information Systems | | | | | | | |  | | | Education/Training | | | | | | | | | | | | | |  | | | | |
| R & D / Technology Management | | | | | | | |  | | | Public / Government Sector | | | | | | | | | | | | | |  | | | | |
| Others – Please specify: | | | | | | | |  | | | Others – Please specify: | | | | | | | | | | | | | |  | | | | |
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