

**Certified Management of Innovation – Chief Innovation Officer**  
***Candidacy Application***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Title: \_\_\_\_\_

Number employees in your organization: \_\_\_\_\_

Number employees reporting through you: \_\_\_\_\_

Annual Innovation budget of your organization: \_\_\_\_\_

Annual revenue of your organization: \_\_\_\_\_

Annual revenue from innovations < 5 years old: \_\_\_\_\_

Experience managing & directing projects with significant innovation content (years): \_\_\_\_\_

**Documents submitted:**

- Certified university transcripts (if applicable per Section 4.b. of the CMI-CIO Requirements)
- Curriculum vitae listing the following:
  - Colleges attended and degree obtained
  - Other certifications held
  - Work History
  - Publication History
- Candidate statement of why the CIO certification is merited

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***For IAOP Use Only***

Date Application Accepted: \_\_\_\_\_

- |   |             |                  |
|---|-------------|------------------|
| <input type="checkbox"/> CMI-CIO Fee Paid                 | Date: _____ |                  |
| <input type="checkbox"/> Certification Committee Assigned | Date: _____ |                  |
| <input type="checkbox"/> Certification Project Complete   | Date: _____ | Initialed: _____ |
| <input type="checkbox"/> Certification Paper Complete     | Date: _____ | Initialed: _____ |
| <input type="checkbox"/> Final Review Complete            | Date: _____ | Initialed: _____ |
| <input type="checkbox"/> Candidate Interview Complete     | Date: _____ | Initialed: _____ |
| <input type="checkbox"/> Certification Issued             | Date: _____ | Initialed: _____ |