



Please submit one copy of this completed form along with the \$295 application fee and a copy of your transcript/diploma to:

TMA • 150 S. Wacker Drive, Suite 900 • Chicago, IL 60606
Phone: (312) 578-6900 • Fax: (312) 578-8336 • Email: certification@turnaround.org

APPLICATION FOR CERTIFICATION

PERSONAL INFORMATION

Name: _____
Date of Birth: ____/____/____ Organization: _____
Title: _____
Business Address: _____
City: _____ State: _____ Zip: _____
Business Telephone: _____ Fax: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Email: _____ Preferred method of contact: _____
Contact information (if not provided above): _____

REQUIREMENTS

I hereby apply for certification as a Certified Turnaround Professional or Certified Turnaround Professional-Designate and understand that my certification depends on my ability to meet all requirements and qualifications and is subject to approval by the Standards Subcommittee. I certify that the information contained in this application is true and correct. I further understand that if any information is later determined to be false, TMA reserves the right to revoke any certification that has been granted on the basis thereof.

Indicate your understanding of, and agreement to comply with, the following by checking the boxes that precede each statement:

- [] In making and filing this application for certification, I authorize all persons, firms and entities to furnish any relevant information that may be requested by the Turnaround Management Association in connection with the investigation of this application.
[] I release and indemnify the Turnaround Management Association and its Board of Directors, officers and employees from any and all liability arising from the investigation and evaluation of this application, decisions relative to the granting of certification, continuing professional education requirements and standards of practice.
[] I acknowledge that all other sections, paragraphs and parts of this application are incorporated herein without specific reference.
[] I have received, read and agree to comply with the Code of Ethics
[] I have received, read and agree to abide by the Rules and Regulations of the CTP program.
[] I am not under any SEC or criminal investigation by any government or regulatory authority, nor any other investigation or proceeding pending with any professional or certification entity. I understand if I am, I must fully disclose this and all details on a separate document.

By providing my handwritten signature dated below, I indicate my understanding of and agreement to comply with the terms of this application.

Applicant Signature: _____ Date: _____

PAYMENT

This signed form must be mailed or faxed with payment. (Payable to TMA in U.S. dollars)

[] Check or [] Credit Card Number: _____ Exp. Date: _____

Name as it appears on credit card: _____

FOR OFFICE USE ONLY:
Recvd _____ Portfolio Completed _____ Fee _____ Fee Recvd _____
Entered _____ Date Approved by _____ Ck # _____ Ck Date _____
Standards Committee App# _____ Issuer _____

WORK HISTORY: Jobs held within the past 5 years

Note: Please also reflect all turnaround experience on the experience grid on page 4. The experience grid may not be applicable to all CTP-D applicants.

Employer 1: Company: _____
 Dates of Employment: Title: _____
 Start Date: _____ Telephone: _____
 Month, Year Immediate Supervisor: _____
 End Date: _____ Supervisor's Title: _____ Supervisor's Telephone: _____
 Month, Year

Employer 2: Company: _____
 Dates of Employment: Title: _____
 Start Date: _____ Telephone: _____
 Month, Year Immediate Supervisor: _____
 End Date: _____ Supervisor's Title: _____ Supervisor's Telephone: _____
 Month, Year

Employer 3: Company: _____
 Dates of Employment: Title: _____
 Start Date: _____ Telephone: _____
 Month, Year Immediate Supervisor: _____
 End Date: _____ Supervisor's Title: _____ Supervisor's Telephone: _____
 Month, Year

Employer 4: Company: _____
 Dates of Employment: Title: _____
 Start Date: _____ Telephone: _____
 Month, Year Immediate Supervisor: _____
 End Date: _____ Supervisor's Title: _____ Supervisor's Telephone: _____
 Month, Year

Turnaround positions held previous to the past 5 years. (If additional space is required, please attach separate sheet)

Start Date: _____ Company: _____
 End Date: _____ City/State _____ Title: _____

Start Date: _____ Company: _____
 End Date: _____ City/State _____ Title: _____

Start Date: _____ Company: _____
 End Date: _____ City/State _____ Title: _____

Start Date: _____ Company: _____
 End Date: _____ City/State _____ Title: _____

THE CTP EXPERIENCE REQUIREMENT

The experience requirement for obtaining the CTP designation is one of the most critical components of the certification program, and serves as a demonstration of your performance in the corporate renewal profession. The following grid will assist you in documenting, clarifying, and highlighting your experience as a turnaround professional, and will be used by the Standards Subcommittee when evaluating whether you meet the requirements for the CTP designation. To qualify for the CTP, you need five years of executive management, senior management, business consulting, or loan workout experience, three of which must be in turnaround or restructuring consulting, or turnaround interim management.

When reviewing your experience, the Standards Subcommittee will pay particular attention to your experience and application of skills as they relate to the financial, legal and managerial components of a turnaround.

- You should have experience as the lead decision maker, or demonstrated capability to be a lead decision maker, in the turnaround of companies suffering financial distress or in a financial crisis.
- You must demonstrate experience in all aspects of strategic evaluation and planning, crisis management, and business reconfiguration or liquidation, which includes managing cash in crisis situations, negotiating with creditors and vendors, and knowledge of the various aspects of bankruptcy and corporate law as they relate to corporate renewal.
- Your cases must be different and they must be verifiable.

Instructions for Completing the Experience Grid (page 4):

Work Experience:

- Company Name and Title: Provide the name of your employer and your title, NOT the clients you served while working with your primary employer.
- Dates of Employment: Provide the dates you were employed with the employer listed in the first column.
- Client Name and Position Held: List each client engagement and the position you assumed while working for each employer listed in the first column.
- Engagement Dates: List the beginning and end dates for each client engagement.
- Will this be one of your case descriptions? Indicate, by placing an X in the box, if this engagement will be provided as one of your case studies.
- Percent of Time Spent on Turnaround Activities: For each engagement, provide the percent of time spent strictly on turnaround activities.

Number of Months of Experience Claimed in:

Under each of the next three columns, indicate the number of months spent in the following roles (for each engagement, as applicable)

- General Consulting: Executive management or business consulting experience in turnaround or restructuring management. This could also include employment in an accounting firm or a law firm.
- Turnaround Consultant or Financial Advisor: Experience in an advisory or consulting role in a turnaround or restructuring situation
- Turnaround Interim Management: C-level experience (as a CFO, COO, or CRO) leading the turnaround of the business or major business units. You must have been brought in specifically to lead the turnaround efforts and you must have had ultimate responsibility for making decisions about the future of the company and its direction.

Total for Each Company: Total each indicated row and column, and provide a grand total.

PLEASE NOTE: Be extremely careful when claiming credit for senior-level experience. Positions that typically DO NOT qualify include, but are not limited to, titles such as *Controller, Assistant to Controller, Manager, Director, Project Manager, Associate*. Although these are not considered senior-level positions, variations in titles and responsibilities exist among firms so when claiming experience under one or more of these titles you must fully explain your role in leading the turnaround of the business.

TURNAROUND EXPERIENCE: All relevant turnaround experience and engagement dates must be represented on the grid.

The information contained on the grid should align with the information you provide on page 2 of this application. Positions held outside of the corporate renewal industry should not be included here. **This grid is for turnaround experience ONLY.**

Work Experience:						Number of Months of Experience Claimed in:			
Employer Name & Title	Dates of Employment	Client Name & Position Held (Engagement)	Engagement Dates	If this will be one of your case studies, check this box	% of time spent on turnaround activities	General Consulting	Turnaround Consultant or Financial Advisor	Turnaround Interim Management	Total for Each Engagement
	____/____/____ to ____/____/____		____/____/____ to ____/____/____		____%	____ months	____ months	____ months	____ months
	____/____/____ to ____/____/____		____/____/____ to ____/____/____		____%	____ months	____ months	____ months	____ months
	____/____/____ to ____/____/____		____/____/____ to ____/____/____		____%	____ months	____ months	____ months	____ months
	____/____/____ to ____/____/____		____/____/____ to ____/____/____		____%	____ months	____ months	____ months	____ months
	____/____/____ to ____/____/____		____/____/____ to ____/____/____		____%	____ months	____ months	____ months	____ months
	____/____/____ to ____/____/____		____/____/____ to ____/____/____		____%	____ months	____ months	____ months	____ months
	____/____/____ to ____/____/____		____/____/____ to ____/____/____		____%	____ months	____ months	____ months	____ months
	____/____/____ to ____/____/____		____/____/____ to ____/____/____		____%	____ months	____ months	____ months	____ months
TOTALS:									

Note: Each column and row MUST be totaled.

One Case Description Form MUST be submitted for the five indicated client engagements above.

Engagements where more than 10 months of experience are claimed must be written up as a case study. Those with less than 10 months are optional.

You will not be given more than 24 months of credit for any single engagement.

EDUCATIONAL BACKGROUND:
Please list each degree separately

Formal Studies

Indicate highest year achieved:

College 1 2 3 4

Graduate 1 2 3 4

Other 1 2 3 4

Degree: _____ Year Earned: _____

College or University: _____

Major/Minor: _____

Degree: _____ Year Earned: _____

College or University: _____

Major/Minor: _____

Degree: _____ Year Earned: _____

College or University: _____

Major/Minor: _____

Degree: _____ Year Earned: _____

College or University: _____

Major/Minor: _____

**Executive Education/
Advanced Coursework**

Degree/Certificate: _____ Year Earned: _____

College or University: _____

Degree/Certificate: _____ Year Earned: _____

College or University: _____

Degree/Certificate: _____ Year Earned: _____

College or University: _____

PUBLICATIONS

Books or Articles

If additional space is required,
please attach a separate sheet.

Title: _____ Year: _____

Title: _____ Year: _____

Title: _____ Year: _____

Title: _____ Year: _____

PROFESSIONAL STATUS

If additional space is required,
please attach a separate sheet.

Designation/Certification: _____ Exp. _____

Designation/Certification: _____ Exp. _____

Designation/Certification: _____ Exp. _____

Designation/Certification: _____ Exp. _____

Has any professional licensure or certification been questioned, suspended, or revoked? Yes No

If yes, please explain: