

FMG - FM Graduate Badge Application

This application should be submitted only when the candidate has received a degree, in FM, from an IFMA Accredited Degree Program

Personal Information

* Are you a member of IFMA?

YES

NO

IFMA ID number

First Name

Last Name

Title

Email

ADP Graduate Badge Requirements

* I attest that I have received one of the following degrees from an IFMA Accredited Degree Program.

Associate's Degree

Bachelor's Degree

Master's Degree

PhD

* From which IFMA Approved Degree Program did you graduate?

*** When did you graduate from the ADP program?**

(MM/DD/YYYY)

Click or tap to enter a date.

*** You must upload or attach either a copy of your diploma from an IFMA Accredited Degree Program or a copy of your transcript from an IFMA Accredited Degree Program.**

Facility Manager Code of Conduct

*** I shall have as my primary goal developing and managing safe, human and functional work spaces.**

I shall integrate the needs of management with the needs of people in the workplace to develop and manage humane and effective work environments.

I shall have as an achievable goal maintaining objective, professional judgments. I shall not compromise this judgment by undertaking any activity, accepting any contribution or having any conflict of interest that would prevent acting in the best interest of my employer, clients or those people for whom I provide or maintain workplaces. I shall practice in a manner that supports the rights of employers, employees and clients, and shall not discriminate because of race, gender, creed, age, disability, religion or national origin.

I shall continually seek new information to maintain and upgrade my professional skills relative to the design, construction, maintenance and management of the physical environment as it relates to people and work processes.

I have read and agree to adhere to the FMP Code of Conduct

Rules and Regulations

*** I hereby apply for the ADP Graduate Badge to be awarded by the International Facility Management Association (IFMA). All information in this application is complete and accurate to the best of my knowledge. As a condition of this application, I authorize IFMA to investigate information provided in this application. Any additional information that may be needed by IFMA to process this application will be supplied by me upon request.**

I will not represent myself as a ADP Graduate Badge holder until this application is confirmed. I agree to uphold the Facility Manager Professional Code of Conduct with the knowledge that any false statement or misrepresentation that I make in the course of these proceedings may result in the revocation of this application and prohibit me from participating in IFMA's badging program.

I have read and agree to adhere to the FMP Rules and Regulations

Release of Information

*** I understand that IFMA recognizes badge holders in many ways, notices to IFMA chapters, and directories both online and printed. I hereby authorize IFMA to publish my name, company and location in recognition of my achievement.**

I have read and agree with the IFMA Information Release Policy

*** Please enter your initials signifying agreement with above statements**

*** Date of Application**

(MM/DD/YYYY) Click or tap to enter a date.