



Registered Provider Application

COMPANY INFORMATION (Web listing information will appear as provided in box below)

Name: _____ Phone: _____

Contact Name: _____ Title: _____

Phone: _____ Email: _____

Street Address: _____ | Mailing Address: _____

(if different) _____

City/State/Zip: _____ | City/State/Zip: _____

Country: _____ | Country: _____

APPLICATION TYPE:

New: \$5,000 USD

Renewal: \$3,000 USD

PAYMENT OPTIONS

Check: Made payable to 'UT Austin / Construction Industry Institute' in U.S. Dollars

Credit Card: CII will contact you for credit card information

ELIGIBILITY REQUIREMENTS [SEE RP PROGRAM GUIDELINES FOR ADDITIONAL INFORMATION]

Provider must be a current member of the Construction Industry Institute.

Colleges, universities, and other educational organizations collaborating with CII may request special consideration to participate, subject to approval by the PR Oversight Committee.

Provider shall have been in operation as a viable project, program or portfolio management or educational entity for a minimum of five (5) years immediately preceding the time of application.

Provider agrees to provide at the time of application, evidence of a minimum of three (3) years of experience/contribution for each area of practice selected in the CII Knowledge Base.

Providers will submit customer testimonials with the history of CII practice implementation and/or instruction and a one - two page case summary for a project done in each of the past three years.

Upon acceptance of the RP program you will receive the CII logo for use on your website.

Provider Areas of CII Expertise

CII's Knowledge Base organizes CII knowledge into the twenty-one [Knowledge Areas](#) listed below. Please carefully review the online summaries for each Knowledge Area, then place a checkmark (✓) in the column next to each CII Knowledge Area you consider an area of expertise.

| ✓ | CII Knowledge Area | CII Best Practice |
|---|---|---|
| | Business and Project Processes | <ul style="list-style-type: none"> ▪ Implementation of CII Research ▪ Lessons Learned |
| | Commissioning and Startup | <ul style="list-style-type: none"> ▪ Planning for Startup |
| | Construction Execution | <ul style="list-style-type: none"> ▪ Advanced Work Packaging |
| | Construction Technology | |
| | Design Planning & Optimization | <ul style="list-style-type: none"> ▪ Constructability |
| | General CII Information | |
| | Human Resources Management | |
| | Information Management Technology | |
| | Materials Management | <ul style="list-style-type: none"> ▪ Materials Management |
| | Modularization | <ul style="list-style-type: none"> ▪ Planning for Modularization |
| | Performance Assessment | <ul style="list-style-type: none"> ▪ Benchmarking & Metrics |
| | Procurement & Contracts | |
| | Professional Development | |
| | Project & Program Management | <ul style="list-style-type: none"> ▪ Change Management |
| | Project Controls | |
| | Project Organization & Communication | <ul style="list-style-type: none"> ▪ Partnering ▪ Team Building |
| | Project Planning | <ul style="list-style-type: none"> ▪ Alignment ▪ Front End Planning |
| | Quality Management | <ul style="list-style-type: none"> ▪ Quality Management |
| | Risk Management | <ul style="list-style-type: none"> ▪ Disputes Prevention & Resolution ▪ Project Risk Assessment |
| | Safety | <ul style="list-style-type: none"> ▪ Zero Accidents Techniques |
| | Sustainability, Environmental & Security | |



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NEW INSTRUCTOR OR ADVISOR

(copy this page and use one page for each instructor or advisor)

CONTACT INFORMATION

Name: _____ Title: _____

Company/Organization: _____

Phone: _____ Email: _____ Website: _____

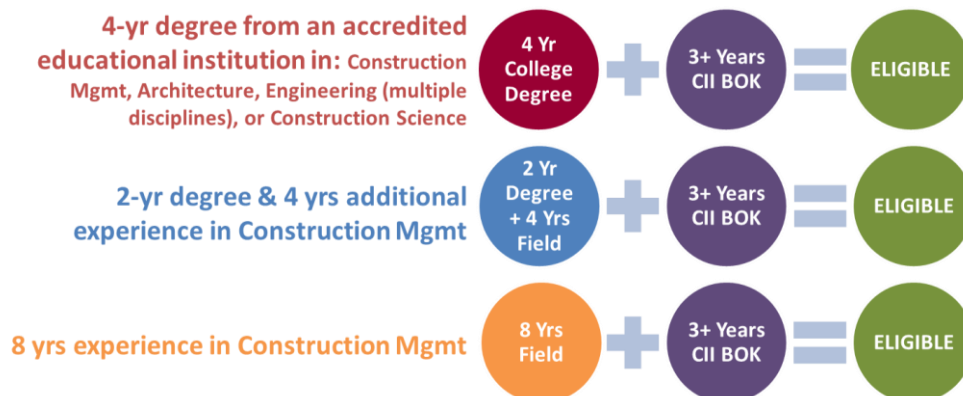
| | | |
|-----------------------|--|------------------------|
| Street Address: _____ | | Mailing Address: _____ |
| _____ | | (if different) _____ |
| City/State/Zip: _____ | | City/State/Zip: _____ |
| Country: _____ | | Country: _____ |

ATTACHMENTS CHECKLIST

Please submit the following attachments with this application.

- A resume describing the candidate's experience in the capital project industry.
- Evidence of providing adult education instruction for a minimum of three (3) years.
- Evidence of one of the combinations of education and/or industry experience as well as involvement with CII' Knowledge base as shown below:

INVOLVEMENT IN THE TEACHING OF SUBJECTS FROM CII'S KNOWLEDGE BASE FOR 3+ YEARS
OR PARTICIPATION IN CII ACTIVITIES FOR 3+ YEARS





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RENEWAL INFORMATION

Last Year's Course Details Form

Please complete an information block below for each course at which CII material was offered last year. Remember to include the attachments (roster and evaluations) for each course you list below. If more than 4 courses were presented, please copy this page as often as needed to list all courses.

| COURSE / CONSULTING DETAILS | | ATTACHMENTS |
|---|----------------|--|
| Date(s) | # of Attendees | Participant Roster <input type="checkbox"/> |
| Location | | |
| Topic(s) | | |
| Instructor(s) | | |
| Delivery Type <input type="checkbox"/> Instructor-led <input type="checkbox"/> Live Webinar <input type="checkbox"/> Online Course <input type="checkbox"/> Other | | Evaluations <input type="checkbox"/> |
| Registration Type <input type="checkbox"/> Open enrollment <input type="checkbox"/> Client-based/closed course <input type="checkbox"/> Other | | |
| Materials presented <input type="checkbox"/> CII Ed Mod based <input type="checkbox"/> Customized on CII topics <input type="checkbox"/> Other | | |

| COURSE / CONSULTING DETAILS | | ATTACHMENTS |
|---|----------------|--|
| Date(s) | # of Attendees | Participant Roster <input type="checkbox"/> |
| Location | | |
| Topic(s) | | |
| Instructor(s) | | |
| Delivery Type <input type="checkbox"/> Instructor-led <input type="checkbox"/> Live Webinar <input type="checkbox"/> Online Course <input type="checkbox"/> Other | | Evaluations <input type="checkbox"/> |
| Registration Type <input type="checkbox"/> Open enrollment <input type="checkbox"/> Client-based/closed course <input type="checkbox"/> Other | | |
| Materials presented <input type="checkbox"/> CII Ed Mod based <input type="checkbox"/> Customized on CII topics <input type="checkbox"/> Other | | |

| COURSE / CONSULTING DETAILS | | ATTACHMENTS |
|---|----------------|--|
| Date(s) | # of Attendees | Participant Roster <input type="checkbox"/> |
| Location | | |
| Topic(s) | | |
| Instructor(s) | | |
| Delivery Type <input type="checkbox"/> Instructor-led <input type="checkbox"/> Live Webinar <input type="checkbox"/> Online Course <input type="checkbox"/> Other | | Evaluations <input type="checkbox"/> |
| Registration Type <input type="checkbox"/> Open enrollment <input type="checkbox"/> Client-based/closed course <input type="checkbox"/> Other | | |
| Materials presented <input type="checkbox"/> CII Ed Mod based <input type="checkbox"/> Customized on CII topics <input type="checkbox"/> Other | | |

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|---|----------------|--|
| Date(s) | # of Attendees | Participant Roster <input type="checkbox"/> |
| Location | | |
| Topic(s) | | |
| Instructor(s) | | |
| Delivery Type <input type="checkbox"/> Instructor-led <input type="checkbox"/> Live Webinar <input type="checkbox"/> Online Course <input type="checkbox"/> Other | | Evaluations <input type="checkbox"/> |
| Registration Type <input type="checkbox"/> Open enrollment <input type="checkbox"/> Client-based/closed course <input type="checkbox"/> Other | | |
| Materials presented <input type="checkbox"/> CII Ed Mod based <input type="checkbox"/> Customized on CII topics <input type="checkbox"/> Other | | |



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RENEWALS ONLY

ATTACHMENTS CHECKLIST FOR LAST YEAR'S COURSES

Please submit the following attachments with this renewal.

- Details about each of your CII related courses from last year (complete page 3)
- Rosters of attendees for each course, including the title of the presentation, material presented, and the names, title and organization of each participant in the course
- Completed participant evaluations for each course of CII RP instructor (you) on CII designated and/or approved forms
- Required attachments for any new instructors or advisors

Check here if you held no courses or consulting on CII material last year.

By signing below, I attest that the information provided in this application/renewal package is true and correct. I agree to accept and abide by the CII PR PROGRAM GUIDELINES and all terms and conditions of this agreement.

Signature: _____ Date: _____

Printed Name: _____

Return completed forms, attachments, and payment to:

CONSTRUCTION INDUSTRY INSTITUTE
Attn: CII RP Program (Lenig)
3925 West Braker Lane (R4500)
Austin, TX 78759-5316

Phone: 512-232-3015
Email: clenig@cii.utexas.edu

Administrative Use Only

Date Received:

Date Reviewed:

Expiration Date:

Notes: