TRIFECTA® GROWTH INSTITUTE
TRAINING • LEADERSHIP • COACHING

Certified Restoration Project Manager® (CRPM) Application

Section 1: Applicant Information

Full Name		Job Title	
Company			
Email		Phone	
Address			

Section 2: Certification Level

Level of Certification Applying for:

- ☐ Jr Project Manager Certification
- ☐ Sr Project Manager Certification

Section 3: Training & Course Completion Information

Applicants must complete all required courses (50 total hours) and provide supporting documentation.

Required Course	Hours	Certificate Date	Verified (Office Use)
The Linchpin™ Project Management Training Course	21		☐
Restoration Warrior™ Project Planning Workshop	6		☐
Conflict Management & Issue Resolution	5		☐
Team Dynamics for Leaders	4		☐
Project Metrics / Forecasting / Earned Value Mgmt	4		☐
Mastering Exceptional Customer Experiences	4		☐
Restoration & Construction Procurement	4		☐
Working with a TPA & Carrier – The Success Algorithm	2		☐

Total Hours Required: 50

Section 4: Project Manager Experience

(To be completed and signed by Applicant's Management Team)

Number of Years of Experience in Restoration Project Management: _____

Total Projects Managed: _____ Average # of Projects Managed Yearly: _____

Number of Projects for each of the categories below:

i. <25K _____
ii. 25K to 50K _____
iii. 50K to 100K _____
iv. >100K _____
v. 100K to 250K _____
vi. >250K _____

Section 5: Experience Verification (by Management or Supervisor)

I hereby confirm that the experience and information submitted by the applicant is true and accurate to the best of my knowledge. I have reviewed the details provided and affirm that they reflect an honest and accurate account of the above individual's experience, qualifications, and successful managed projects according to certification standards.

Company		Manager	
Address			
Phone		Email	

_____ _____

Manager Signature Date

Section 6: Final Exam and Capstone Project

Final Exam Completion Date:	Final Exam Score:

Section 7: Applicant Signature

I certify that all information in this application is true and accurate to the best of my knowledge.

_____ _____

Applicant Signature Date

Section 8: Application Fee & Agreement

Application Fee (Non-Refundable):

- Standard Certification Application Fee: **$0.00 to be paid via secured link or credit card authorization form sent by Trifecta Growth Institute.**

Application Agreement

By signing this application, I acknowledge and agree to the following:

1. The application fee is **non-refundable** and must accompany this form for processing.
2. Completion of training, exams, and submission of this application does not guarantee certification. Certification is awarded only upon successful verification of all program requirements by Trifecta Growth Institute.
3. I understand that misrepresentation of information, falsification of documents, or failure to maintain continuing education requirements may result in denial, suspension, or revocation of certification.
4. Certification remains the property of Trifecta Growth Institute and may be revoked at its sole discretion for violation of standards, ethics, or non-compliance with requirements.
5. By submitting this application, I authorize Trifecta Growth Institute to verify my employment, project history, and course completions as necessary to evaluate eligibility.

_____ _____

Applicant Signature Date