MISMO® Certification Program Application Form

Instructions

☐ Review and complete this application form in its entirety.

☐ This application form should be signed by an authorized representative of your organization.

☐ Review and sign the MISMO Certification Application Agreement; this will be sent via DocuSign.

☐ If any questions or support is needed, please contact MISMO at info@mismo.org or call 202-557-2880.

☐ Upon completion of the two forms, please notify MISMO at info@mismo.org.

☐ MISMO will review and be in contact with the next steps.

To prepare for the MISMO Certification assessment process:

Review and collect the items requested on the Certification Road Map.

MISMO® Certification Application Form

Company Name *(the "Applicant")*		
Company Address	Street	
	City	
	State	
	Zip Code	
Company Website *(URL)*		
Company Contact	Name	
	Title	
	Email	
	Phone	
Target Certification Date Please share if there is a target date for certification.		

Product(s) to be reviewed for certification; this form has room for up to three (3) products.			
For each product to be reviewed list the product name, interface name, and MISMO version. Describe both the product and the interface.			
Number of data points	☐ Up to 100	☐ 501 to 1,000	
	☐ 101 to 500	☐ >1,000	

Certification Application Checklist

Please use the checkboxes provided below and indicate all forms being submitted in support of your application for MISMO certification.

☐MISMO Certification Application Form

☐MISMO Certification Application Agreement (executed via DocuSign)

Signature

I hereby attest that the Applicant authorizes me to sign and submit this Application on its behalf. The information provided in this Application is all accurate to the best of my knowledge and based on my diligent review. Should any information cease to be accurate after the time of submission of this Application, the Applicant will notify MISMO of such and provide updated information.

Signature: _____

Printed Name:

Title:

Company:

Date: