



CML Examination Application Instructions to Applicants

General: The data requested on the CML application for (CML QRB Form 1) will provide the SOLE Certified Master Logistician-Qualifications Review Board (CML QRB), the information necessary to properly evaluate and determine an applicant's qualifications for taking the certification examination. Failure to complete the application form correctly will delay the review and approval process.

Part 1 - Applicant Information - Self Explanatory

Part 2 - Qualification Data

A. Indicate your claim for qualification by checking one. Education and degrees should be in Program Management, Engineering, Manufacturing, Transportation, Supply Chain Management or Business.

If you select claim 2, the number of years of education (not more than 4) must be entered.

1. To be considered relevant to this application, experience claimed by CML applicants **must be documented in both fields of logistics, with a minimum of one year in Systems Management.**

2. Those individuals with a Doctoral degree need to have two years experience in only one logistics field. The two fields of logistics are:

1. Systems Management
2. Distribution and Customer Support

B. Self Explanatory

C. The CML examination is offered world-wide at multiple testing sites twice a year, in May and November. An additional single site examination is offered in August, in conjunction with SOLE's Annual International Logistics Symposium. Once notified of application approval an applicant must successfully pass the three-part examination at one sitting. If an applicant passes two parts of the examination at one sitting, he/she will be permitted to retake the failed third part on any subsequent examination date.

D. Cancellation Policy - Once an applicant is approved by the QRB, application fees will not be returned. A \$25.00 cancellation fee will be charged if examinee cancels less than 21 days before the exam or does not sit for the scheduled exam. If cancellation is made prior to the 21 day cut-off, fees can be rolled over to the next exam date. At no time will fees be refunded.

Part 3 - Description of Experience

All applicants must complete Part 3 covering the years of experience claimed in Part 2. Start with present position and provide information for each position in reverse chronological order to a nine (9) year period prior to the month of application or for the number of years of required experience if you are applying for educational equivalents. **Do not leave any time gaps.** If some positions held during the required number of years were not in the logistics field, the total period covered should be extended sufficiently to include the required number of years of experience in logistics. The description of logistics work should indicate the type of work performed and the level of technical or management responsibility (e.g., budget development, number of employees supervised, etc.) Logistics experience can be in the commercial, industrial, government, military and/or academic fields. **Please be as specific as possible.**

Please be sure your supervisor signs this page.

NOTE: If all or any part of the required number of years of experience were accumulated while self-employed, such as a consultant, provide specific data concerning logistics assignments/contracts performed and reports or other published articles, logistics studies or projects. Provide dates.

Part 4 - Education

If you select a claim other than claim 1, Part 4 must be completed to support the educational equivalent claimed. Provide the names of schools and/or colleges, years attended, and major fields of study and degree(s) earned.

If you have selected claim 2 you must also include titles and dates of special courses and seminars in logistics.

Please be sure this page is signed by your supervisor.

Note: If you are self-employed or your transcript(s) is not on file in your personnel record, you must support this application with a copy of your official transcript(s) obtained from institution(s) attended showing highest degree awarded.

If your education did not lead to a degree and a transcript(s) is not on file in your personnel record, then a copy of your official transcript(s) obtained from institution(s) attended, supporting the years of educational equivalents claimed must be submitted.

Part 5 - Certificate Preparation

Please complete exactly the way you wish your certificate to read.

Part 6 Administrative Data *(To be completed by the Chapter Chair or District Director. If you are not supported by a chapter or district, please forward directly to SOLE Headquarters.)*

A. Proctor Information: To insure the timely dissemination of examination materials to authorized personnel, it is important that the requested information be provided. In the event a C.P.L. is not available to serve as proctor an attempt should be made to obtain a test administrator from a local educational institution or, in the case of the armed forces, from the nearest education center.

B. Verification - Self Explanatory

Documentation

Letters of Reference:

A. A letter of reference from your current supervisor describing your professional competence is required. If you have held your current position for less than six months, an additional letter of reference from a previous supervisor (or a manager/commanding officer in a position to observe your performance) is required.

The sample letter of reference found on page 5 (sample #1) is for the guidance of your supervisor. You should follow the instructions contained in this sample so the supporting documentation is forwarded to the proper address and contains all the information required.

B. For affiliated SOLE members, required letters of reference to support CML QRB Form 1, page 2, should be mailed directly to their chapter chairperson. Applicants should provide their supervisors with the current names and addresses of their Chapter Chair.

It is the responsibility of Chapter Chairs to determine that this documentation is complete prior to endorsing applications to the CML QRB. Applicants without proper documentation will not receive favorable consideration by the CML QRB.

C. Applicants who are non-affiliated members of SOLE or who are not Society members, should direct their supervisor to mail the letters of reference directly to:

SOLE - The International Society of Logistics
8100 Professional Place, Suite 111
Hyattsville, MD 20785-2229
USA

Chapter Endorsement:

A. Any applicant for professional certification by examination who is affiliated with an active SOLE chapter must obtain a letter of endorsement from the chapter chairperson. The reason for local endorsement of affiliated members is two fold.

1. To ensure that applicants are completely familiar with application instructions and the stringent requirements for qualification by examination.

2. To assist the CML QRB with a preliminary screening of applicants based on personal contact and assembly of required documentation.

B. The importance of the professional certification program to SOLE members and the future of the Society warrant personal involvement of Chapter Chairs in the program's implementation. Chapter Chairs should ensure that applicants are responsible individuals and that the references and other documentation to support their applications are complete.

C. A letter of endorsement is required from the appropriate District Director if you are not affiliated with an active chapter or not a SOLE member.

D. A sample format of the type of information desired in a chapter/district letter of endorsement is shown on page 6 (sample 2). The applicant, if desired, may include other pertinent information.

Fees

A. The application fee of **\$125.00** for members and **\$275.00** for non-members is to be included with the application. A refund of the application fee, or any portion thereof, will not be made for any application evaluated by the CML QRB, whether approved or disapproved. The fee for all re-examinations, whether taking all four parts or any combination, is \$50.00 for all applicants regardless of member status.

B. The application fee and examination fee (and a new application submitted) must be renewed by payment of an additional fee after four examination dates have elapsed and no examinations have been successfully completed.

Completed Applications

When completed, an original and four copies of the CML examination application and its enclosures should be mailed to:

SOLE - The International Society of Logistics
ATTN: Chair, CML QRB
8100 Professional Place, Suite 111
Hyattsville, MD 20785-2229
USA

Sample #1

Sample Format - Letter of Reference
(see "Documentation" on page 3 of these instructions)

Date

SOLE - The International Society of Logistics
ATTN: Chair, CML QRB
8100 Professional Place, Suite 111
Hyattsville, MD 20785-2229
USA

Dear Sir,

I am advised that (applicant's name) has made application for certification by SOLE - The International Society of Logistics as a Certified Master Logistician.

My relationship with (applicant's name) is/was (describe nature of relationship and opportunity to observe and/or evaluate applicant's knowledge and abilities, include dates.)

My evaluation of (applicant's name) professional qualifications is (provide confidential opinion of applicant's professional competence in performance of the duties with which familiar, briefly describe these duties

Signature

Title

Organization

Telephone Number

e-mail Address

Sample #2

Sample Format - Chapter/District Endorsement
(see “Chapter Endorsement” on page 3 of these instructions)

Date

SOLE - The International Society of Logistics
ATTN: Chair, CML QMB
8100 Professional Place, Suite 111
Hyattsville, MD 20785-2229
USA

Dear Sir,

I have reviewed and initialed the enclosed application of (applicant’s name) for formal certification as a “Certified Master Logistician” by SOLE - The International Society of Logistics. To the best of my knowledge, the statements therein are complete and are properly supported by the required documentation.

I know of no reason why the applicant should not be considered for professional certification.

Chapter Chair (Signature)

Chapter / District