



Enterprise Project Management Office

## PROJECT MANAGEMENT TRAINING

[www.ebit.ks.gov/kito/training](http://www.ebit.ks.gov/kito/training)

### REGISTRATION FORM FOR PMM CERTIFICATION TRAINING

**\*\*\*ALL blanks must be completed to be considered for registration\*\*\***

Employee I.D.# \_\_\_\_\_ Name: \_\_\_\_\_  
(Required for State Employees) Last, First, M

E-Mail Address: \_\_\_\_\_ State agency # or FEIN: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Division/Bureau: \_\_\_\_\_

Work Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Supervisor Name (First/Last) \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Email Address: \_\_\_\_\_ Supervisor's Phone: \_\_\_\_\_

Supervisor/HR Manager Signature \_\_\_\_\_  
(Mandatory)

Enrollment Statement: All participants attending PMM training are required to act in a professional manner. Each participant shall promote, support, focus on, and demonstrate respect for all people and positively contribute to an inclusive training environment for all participants. It is estimated one to two hours of additional reading and study time per day may be required. All electronic devices must remain off during class.

Employee's Signature Indicates Acknowledgment: \_\_\_\_\_  
(Mandatory)

**This registration enrolls the participant in the Project Management Methodology Certification training at a cost of \$1,950 To receive Kansas certification, participant will be required to sit for an exam at the end of the final week of training. Course dates are as follows:**

|             |          |                             |
|-------------|----------|-----------------------------|
| <b>Week</b> | <b>1</b> | <b>February 23-27, 2026</b> |
| <b>Week</b> | <b>2</b> | <b>March 9-13, 2026</b>     |
| <b>Week</b> | <b>3</b> | <b>March 23-27, 2026</b>    |

Please check box if you do NOT wish to receive future KITO Training announcements. (I opt out)

**An Interfund Voucher or Invoice will be initiated after the class. Please include billing information:**

Billing Contact: \_\_\_\_\_ Billing Contact Email: \_\_\_\_\_

Billing Address: \_\_\_\_\_ Zip code \_\_\_\_\_

❖ **This form can be completed electronically and emailed to: [KITO@ks.gov](mailto:KITO@ks.gov).**

If you need special accommodations, please call (785) 368-7161 at least ten (10) days prior to class.

#### **Cancellation Policy:**

**Cancellations up to twenty (20) business days prior to the class date – 100% refund**

**Cancellations less than twenty (20) business days prior to the class date – no refund**