



Professional Development Documentation

DMCP Candidate Name _____

DMC Competencies Domain:

Client Sales Operations DMC Business

Session Course/ Title

Program Sponsor/Provider

Location

Date

Clock Hours

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Please submit this form to admei@admei.org for any session that is not a CMP Preferred Provider Program. You may print or capture a screen shot of CMP Preferred Provider Programs through the Events Industry Council portal to submit to admei@admei.org.