



# SEI Code of Professional Conduct Commitment Form for Individuals

All individuals who wish to become authorized or certified must complete this form before being permitted into an advanced training class or before an authorization or certification will be given. If you have any questions, please send email to [partner-info@sei.cmu.edu](mailto:partner-info@sei.cmu.edu).

| Information About You                    |                         |                      |
|--|-------------------------|----------------------|
| <input type="text"/>                     | <input type="text"/>    | <input type="text"/> |
| Last Name (Family Name)                  | First Name (Given Name) | Middle Name          |
| <input type="text"/>                     | <input type="text"/>    |                      |
| Telephone Number                         | Email Address           |                      |
| <input type="text"/>                     |                         |                      |
| Primary SEI Partner Sponsor Organization |                         |                      |

**SEI Licensed Product Suites:**

- |                                  |  |
|----------------------------------|--|
| ATAM                             | Software Engineering Measurement and Analysis (IGDM, IPPSS, DPPSS) |
| CERT Information Security        | TSP  |
| CERT Resilience Management Model | Insider Threat   |
| Smart Grid Maturity Model        |  |

**Commitment:**

I am committed to the Code of Professional Conduct for SEI Services (the Code). I understand that by making this selection, I am agreeing to abide by the Code for all of my current and future SEI authorizations and/or certifications.

I am NOT committed to the Code of Professional Conduct for SEI Services (the Code). I understand that by making this selection, I am not agreeing to abide by the Code. I further understand that my SEI authorizations and/or certifications and/or candidacies will be discontinued with 30 days notice.

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| Signature            | Date                 |

Please sign and return this form by email to [partner-info@sei.cmu.edu](mailto:partner-info@sei.cmu.edu).