

# MyCAA Education & Training Plan (ETP)

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Texas A&M University Texarkana (TAMUT)  
Extended Education and Community Development  
7101 University Ave | Texarkana, TX 75503  
<http://www.tamut.edu/EECD/>

## Student Information:

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Student Name:	_____
School Issued Student ID:	N/A
Program Name:	Agile Certified Practitioner Project Management Professional (ACP Exam) C.23.100
Program Type:	Certificate
Program Duration:	6 Months
Scheduled Start Date:	_____
Estimated Completion Date:	_____
Course Delivery Format	Online

## Program Overview:

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This intermediate-level course is designed to prepare learners for the Project Management Institute®'s Agile Certified Practitioner (PMI-ACP)® exam. As such, learners should have some experience in Agile project management prior to enrolling. The course begins with the Agile Basics and Agile Applications modules from our Introduction to Agile course, before continuing on to cover the key tools, techniques, and strategies that PMI® has listed as important for Agile practitioners to understand to achieve their certification.

## Certification/Licensure Eligibility upon Program Completion:

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- 2,000 hours of general project experience working on teams. A current PMP® or PgMP® will satisfy this requirement but is not required to apply for the PMI-ACP.
- 1,500 hours working on agile project teams or with agile methodologies. This requirement is in addition to the 2,000 hours of general project experience.
- Students who complete this comprehensive course would be prepared to sit for the Project Management Institute (PMI) Agile Certified Practitioner (ACP) Exam.

## Tuition Cost:

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\$3,750

**Course Breakdown:**

<b>Course/Program Code</b>	<b>Course/Program Title</b>	<b>Course Credits (if applicable)</b>
TAMUT-ITB-ACPE	Agile Certified Practitioner Project Management Professional (ACP Exam)	150 Contact Hours / 15.0 CEU's

**School Official Certification:**

By my signature below, I certify the above information is true, accurate, complete, and being submitted on behalf of the institution named in this document.

\_\_\_\_\_  
**Signature/Title of Authorized School Official**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**School Official Printed First and Last Name**

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**School Official E-mail and Phone Number**