



# AMERICAN PAYROLL ASSOCIATION APPLICATION FOR CERTIFICATION BY EXAMINATION

Applications will not be accepted at the testing center. Candidates are required to submit this completed form to the APA via Online, U.S. mail, email (apaexam@americanpayroll.org) or fax (210-224-5814) **BEFORE** making exam reservations. To obtain your APA Identification Number, please contact APA Membership Services at (210) 224-6406 or email apa@americanpayroll.org. If paying for exam by credit card, please pay online at www.americanpayroll.org/applyforfpc after submitting this application. If paying by check, make check payable to APA and mail to:

American Payroll Association  
Attn: Certification Department  
660 North Main Avenue, Suite 100  
San Antonio, TX 78205

## SECTION A: EXAM SELECTION

SELECT ONE	REGION	EXAM SERIES	MEMBER FEE	NON-MEMBER FEE
<input type="checkbox"/>	Northern Americas	FPC-N America	\$320.00	\$395.00
<input type="checkbox"/>	APA Learning Centers	FPC-LC	\$320.00	\$395.00
<input type="checkbox"/>	Military	FPC-INTL/MILITARY	\$320.00	\$395.00
<input type="checkbox"/>	EMEA, APAC, and Southern Americas	FPC-INTL/MILITARY	\$375.00	\$450.00

## SECTION B: PERSONAL INFORMATION

First and Last Legal Name (as listed on your primary ID):

First/Given \_\_\_\_\_

Last/Surname \_\_\_\_\_

### Home Address:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip/Postal \_\_\_\_\_

Country/Area Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Email Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

APA Identification Number \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Country/Area Code \_\_\_\_\_ Business Phone \_\_\_\_\_

Business Email Address \_\_\_\_\_

**If recertifying by examination, check here.** Note: FPCs choosing to recertify by examination must pass the FPC Examination during the third year of their most recent certification or recertification.

## SECTION C: STATEMENT OF UNDERSTANDING

I certify that I have read and understand the instructions and that the information given by me is correct. I agree to be bound by the procedures and policies set forth in the FPC Examination Candidate Handbook. I further certify that I have read the APA Code of Ethics and I understand and accept it. I understand that any knowingly false statement herein or lack of compliance with the APA Code of Ethics is grounds for rejection of this Application. If certification is granted, I understand the liability of the American Payroll Association and its agents is limited to examination fees only.

Applicant Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

*Unsigned and incomplete applications will not be accepted. Only hand signatures and secure digital signatures are accepted.*