



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/applyforcpp 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	CPP-N America	\$380.00	\$550.00
<input type="checkbox"/>	APA Learning Centers	CPP-LC	\$380.00	\$550.00
<input type="checkbox"/>	Military	CPP-INTL/MILITARY	\$380.00	\$550.00
<input type="checkbox"/>	EMEA, APAC, and Southern Americas	CPP-INTL/MILITARY	\$435.00	\$595.00

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 _____

Country/Area Code _____ Business Phone _____

Address _____

Business Email Address _____

If recertifying by examination, please check here, and continue to Section D. (Note: CPPs choosing to recertify by examination must pass the CPP Examination during the fifth year of their most recent certification or recertification.)

application continues next page

SECTION C: EMPLOYER VERIFICATION

Note: This section is to be signed by the applicant's immediate supervisor within payroll or a former payroll supervisor if not currently working in payroll.

I certify that to the best of my knowledge the information presented herein by the applicant is correct and that this applicant for Payroll Professional Certification is of high professional caliber. I agree to respond should the APA's CPP Committee audit this application.

I also certify that this applicant has been practicing payroll: (please check one)

- Criterion 1 for a minimum of three (3) years out of the preceding five (5) years from the date of this application
- Criterion 2 has completed the required APA courses as listed in the CPP Candidate Handbook all within the past 24 months
- Criterion 3 has obtained the FPC designation **AND** completed the required APA courses as listed in the CPP Candidate Handbook all within the past 18 months

If applying under Criterion 2 or Criterion 3, electronic scans of course attendance documents (such as APA thank you letters, certificates of completion, transcripts) and FPC designation (if applicable) must accompany this application.

Supervisor Full Name _____

Supervisor Title _____ Supervisor Daytime Phone _____

Supervisor Email _____

Supervisor Signature _____ Date of Signature _____

SECTION D: APPLICANT STATEMENT OF UNDERSTANDING

Note: This section is to be signed by the applicant.

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 CPP 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.