2016

Recertification Request Form

Thank you for your continued support of your industry certification. Recertification keeps you current on the industry's trends and best practices and provides the highest value and quality to your customers and yourself.

Your hard-earned CAS/MAS Certification requires **recertification every three years** in order to remain valid.

- CAS designees must continue to keep their CAS Certification current by completing 25 additional educational credits over three years
- MAS designees must continue to keep their MAS Certification current by completing 25 additional MAS level educational credits over three years

There is no membership requirement to renew your PPAI Certification. Additional information on program requirements, policies and procedures is available on the PPAI website, www.ppai.org/certification.

Please mail, fax or email a PDF of your completed application to:

Mail: PPAI
ATTN: Certification
3125 Skyway Circle N, Irving, TX 75038
Fax: 972-594-4059
Email: certification@ppai.org

Your application will be processed within one week of receipt.

Life Certification Exemption: Individuals can qualify for exemption from recertification requirements for their MAS or CAS Certification by meeting certain specified criteria. Please visit www.ppai.org/education/certification/recertification to find out more information.

APPLICATION CHECK LIST

Please be sure to complete all 3 sections of this application.

☐ Section 1 – **Application Information:** I have completed all renewal application information and noted where I would like PPAI mailed correspondence sent.

☐ Section 2 – **Payment**: I have included payment information with this application. If mailing in a check, please include a copy of this completed application, and mail in to:

PPAI
ATTN: Certification
3125 Skyway Circle N
Irving, TX 75038

☐ Section 3 – **Professional Development Activities:** I have completed at least 25 hours of qualifying educational credits within the past three years.

SECTION 1

Application Information

Applicant Name: _____ PPAI PIN#: _____

Company Name: _____

Email: _____

Telephone: _____

☐ Business Address: _____

City/State or Province/Postal Code/Country: _____

☐ Home Address: _____

City/State or Province/Postal Code/Country: _____

SECTION 2

Payment

☐ **PPAI Member** ☐ **PPPC Member** ☐ **Non-member**

All fees must accompany this application.

☐ $75 Member Recertification Fee ☐ $125 Non-Member Recertification Fee

Payment Type: ☐ Check enclosed (payable to PPAI) ☐ Visa ☐ MasterCard ☐ American Express

Check #: _____

Cardholder Name: _____

Credit Card Account #: _____

Expiration Date: _____ ZIP Code/Postal Code of Billing Address: _____

Signature: _____

☐ Please send me a receipt.

SECTION 3

Professional Development

DATE OF EARNED CERTIFICATION: _____

or

DATE OF LAST RECERTIFICATION: _____

I certify that I have completed one of the following continuing education requirements in order to recertify my certification:

☐ CAS – I have completed 25 additional educational credits over the past three years

☐ MAS - I have completed 25 additional **MAS level** educational credits over the past three years

Applicant Signature: _____ Date: _____