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](http://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](http://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: ___________________________