Regional Association/Chapter Education Credit Request Form

Please read and complete each section fully and accurately in legible handwriting or type. PPAI Professional Development Department will review the information provided and will determine whether or not education credits may be assigned for the submitted regional association offered education.

Submission for credit is determined based on individual education courses/sessions completed. Each individual education course/session should be submitted on its own form.

- Any education offered by a regional association or chapter must be previously reviewed and approved for certification credit by PPAI.
- Live education provided by a regional association or chapter will be submitted directly to PPAI by the regional association or chapter.

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

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

Fax: 972-594-4059

Email: certification@ppai.org

Your request will be processed within one week of receipt.

SECTION 1
All requested information is required for processing.

Applicant Name: ___________________________________________ PPAI PIN#: __________________________

Company Name: ____________________________________________________________________________________

Email: _____________________________________________________________________________________________

Telephone: _________________________________________________________________________________________

SECTION 2
Please select the below U.S. Regional Association or Canadian Chapter which provided your completed education:

- □ AzPPA
- □ RMRPPA
- □ HPPA
- □ PPAMS
- □ GAPPP
- □ NWPPMA
- □ PPAS
- □ PPAW
- □ MiPPA
- □ CAAMP
- □ PMANC
- □ UMAPP
- □ PPACHICAGO
- □ TSPPA
- □ PPA
- □ SAAC
- □ PPAM
- □ SPPA
- □ PPAF
- □ TRASA
- □ PAPPA
- □ SAAGNY
- □ NEPPA
- □ CPPA
- □ VAPPA
- □ CASA
- □ GCPPA
- □ Alberta Chapter
- □ British Columbia Chapter

- □ Saskatchewan Chapter
- □ Manitoba Chapter
- □ Ontario Chapter
- □ Quebec Chapter
- □ Atlantic Chapter

SECTION 3
Please select the below source of your completed education:

- □ On-Demand Webinar
- □ Other On-Demand Resource: ________________________________________________________________
SECTION 4
Please answer the following questions thoroughly. Insufficient information may result in a decline to approve credit(s).

Title of Session/Course—____________________________________________________________________________________

Presenter(s)/Speaker(s) – _____________________________________________________________________________________

Date Completed – _________________________________ Duration (hours) – __________________________________________

In your own words, please provide a brief summarization of this education. ____________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

How does this education pertain to the promotional products industry? _______________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

What was your biggest “take away” from this education? ___________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

Please provide two examples of how the content from this education can be applied in your current position._______________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

__________________________________________________________________________________________________________

(If needed, attach additional sheets)

SECTION 5
Please attach any corresponding documentation relevant to this request.

Applicant Signature: __________________________________________________________________________________________ Date: _________________________