

# AMERICAN PAYROLL ASSOCIATION APPLICATION FOR CERTIFICATION BY EXAMINATION FOR PAYROLL PROFESSIONALS



## CRITERION 1

**Applications will not be accepted at the testing center. Candidates are required to submit this completed form to the APA via e-mail at [apaexam@americanpayroll.org](mailto:apaexam@americanpayroll.org) or fax to 210-224-5814 BEFORE making exam reservations.**

*Please Print*

### SECTION A: PERSONAL HISTORY

<b>NAME</b>		
Last		
First	Middle Initial	
<b>HOME ADDRESS</b>		
Number <input type="checkbox"/> Street <input type="checkbox"/> Apt Number		
City	State	<input type="checkbox"/> IP <input type="checkbox"/> Postal
Country		
Home E-mail Address		
Home Phone	Cell Phone	
APA Identification Number (if applicable)	Date of Birth	
Company		
Address		
Business Phone	Business E-mail Address	

### SECTION B: VERIFICATION OF APPLICATION

<input type="checkbox"/> If recertifying, check here and leave the rest of this section blank, including the signature line.	
<b>VERIFICATION OF APPLICATION</b> <i>(to be signed by the applicant's immediate supervisor within payroll or a former payroll supervisor if not currently working in payroll)</i> I certify that this applicant has been practicing payroll for a total of three (3) years out of the preceding five (5) years from the date of this application. I also 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.	
Print Name	Date
Print Title	Daytime Phone
Signature	

**Unsigned applications will not be accepted. Digital signatures are accepted.**

### 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 CPP 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.	
Signature of Applicant	Date

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