

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 email at apaexam@americanpayroll.org or fax to 210-224-5814
BEFORE making exam reservations.**

Please Print

SECTION A: PERSONAL INFORMATION		
NAME		
Last		
First	Middle Initial	
HOME ADDRESS		
Number, Street, Apt Number		
City	State	ZIP/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: STATEMENT OF UNDERSTANDING		
<input type="checkbox"/> If recertifying, check here.		
<p>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 FPC 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.</p>		
Signature of Applicant		Date

Unsigned applications will not be accepted. Secure digital signatures are accepted.