



Test Date: August 19, 2015

Certification Exam Application

This application is the first step toward earning the Certified Advertising Specialist Certification (CAS) / Master Advertising Specialist Certification (MAS).

Please read and complete each section fully and accurately in clear, legible handwriting or type. All qualifying program requirements must be completed at the time the application is submitted. The completed application and full payment must be received by PPAI on or before any communicated application deadline.

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

Receipt of your application will be acknowledged within one week.

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

APPLICATION CHECK LIST

Please be sure to complete all 5 sections of this application.

I intend to take the CAS/MAS Exam within 12 months.

(Note: Your application fee includes the cost to take the Exam within the next 12 months. Subsequent exams are subject to additional testing fees.)

Section 1 – Application Information: I have completed all application information and noted where I would like PPAI mailed correspondence sent. I have included a valid email address for registration purposes. I have selected the correct certification exam or retest exam.

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

Section 3 – Qualifying Program Requirement: I am presently serving in a position with a promotional products company and have the correct years of experience required (non-consecutive is acceptable).

Section 4 – Professional Development Requirement: I have completed at least the minimum education points for the Certification in which I am applying.
CAS: 15 pts - required courses + 60 pts - electives
MAS: Valid CAS Certification + 100 pts - MAS level

Section 5 – Attestations & Acknowledgements: I pledge my understanding of this applications' content and attest to the accuracy and truthfulness of my provided information.

*** If submitting this application for retesting purposes, you may skip SECTION 3 & 4 and simply complete SECTION 1, 2 & 5, including signature, then submit. Retesting must occur within 90 days from the date examinee is notified of failing score.**

SECTION 1

Application Information

CERTIFICATION EXAM APPLYING FOR: CAS MAS Retest CAS Retest MAS

Applicant Name: _____ PPAI PIN#: _____

Company Name: _____

Email: _____

Telephone: _____

Business Address: _____

City/State/ZIP: _____

Home Address: _____

City/State/ZIP: _____

SECTION 2

Payment

Payment of required fees must accompany this application.

\$275 Member **ONLINE** Exam Application Fee \$345 Non-Member **ONLINE** Exam Application Fee

\$225 Member **IN-PERSON** Exam Application Fee \$285 Non-Member **IN-PERSON** Exam Application Fee

\$75 Member Exam **RETEST** Fee* \$125 Non-Member Exam **RETEST** Fee*

REQUESTED LOCATION OF IN-PERSON EXAM: EXPO – 1/2016 EXPO EAST – 3/2016 WLC – 7/2016
 NALC – 8/2016 LDW – 9/2016 Other: _____

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

Check #: _____

Cardholder Name: _____

Credit Card Account #: _____

Expiration Date: _____ ZIP Code of Billing Address: _____

Signature: _____

Please send me a receipt.

SECTION 3

Qualifying Program Requirement

Current Qualifying Employment Position: (Note: CAS = 3 years of industry experience; MAS = 5 years of industry experience)

Position(s): _____

From ____ / ____ / ____ To ____ / ____ / ____

Organization: _____

Previous Qualifying Employment Position:

Position(s): _____
From _____ / _____ / _____ To _____ / _____ / _____
Organization: _____

Previous Qualifying Employment Position:

Position(s): _____
From _____ / _____ / _____ To _____ / _____ / _____
Organization: _____

(If needed, attach additional sheets to document sufficient qualifying experience.)

SECTION 4

Professional Development

Please complete the section that applies to your application submission (CAS or MAS):

CAS Program Requirements

Please initial in each box below to indicate you have completed the professional development requirements to sit for your CAS Exam:

- I have completed the six (6) CAS-required courses
(Promotional Programs, Pt. 1 & Pt.2; Advertising & Marketing Overview, Pt.1 & Pt.2; Promotional Products Industry Overview, Pt.1 & Pt.2; Best Practices in Supplier Distributer Relations, Pt.1 & Pt.2; Product Safety Basics; Business Ethics)
- I have completed the sixty (60) elective education credits from either CAS or MAS-level courses

MAS Program Requirements

Please initial the box below to indicate you have completed the professional development requirements to sit for your MAS Exam:

- I have completed one-hundred (100) MAS level education credits and earned one (1) industry service point

SECTION 5

Attestations & Acknowledgements

Please check each box below to indicate your acceptance and acknowledgment of the below statements:

- In submitting this application, I fully understand that it is an application only and does not guarantee certification.
- I agree to comply with all PPAI Certification Program policies, submit to a multiple-choice examination and supply further information as determined by the PPAI. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings and application may result in the revocation of this application.
- I understand and agree that if I am certified following acceptance of this application and successful completion of the examination, I will use the CAS/MAS designation and related trademarks, and logos only as permitted by PPAI.
- I understand and acknowledge that I must score at least a 70% to pass the CAS Exam or at least a 70% to pass the MAS Exam.
- I fully understand that if I become certified, my CAS /MAS Certification requires recertification every three years.

Applicant Signature: _____ Date: _____