



Candidate Registration Form

Please read and complete the following form fully and accurately in legible handwriting or type. By completing this registration form, you are acknowledging your intent to actively pursue industry education and certification.

Please email a PDF of your completed request form to:

Email: certification@ppai.org

All requested information is required for processing.

Name: _____

Company Name: _____

Business Address: _____

City/State or Province/Postal Code/Country: _____

Email: _____

Telephone: _____

PPAI Professional Development Department will review the above information and be in touch with you within the next 3 business days with more information and next steps.

Signature: _____ Date: _____