



2024 EDUCATION PROGRAM REGISTRATION FORM

Introduction to Retirement Plans (IRP), Retirement Plan Fundamentals Modules, Tax-Exempt & Governmental Plan Administration, QKA-1, QKA-2, QKC, QPA, and CPC Packages

Please complete all sections of this registration form or register online at www.asppa.org/professional-development/credentials-and-certificates. Incomplete forms may delay processing. **Registration fees are not refundable.** Email address must be provided for access to the certificate programs.

APPLICANT INFORMATION

 Please print all information legibly.

Mr./Mrs./Ms. _____
(Circle one) Last Name First Name MI

Daytime Phone Number _____ Fax Number _____

Company _____ Title _____

Email _____

Mailing Address _____

City _____ State _____ ZIP _____

Work Home Check here if your address has changed since your last examination.

If your name differs from that used on a previous application, please indicate prior name.

Mr./Mrs./Ms. _____
(Circle one) Last Name First Name MI

Which RPA credential(s) are you currently working to attain by taking this examination(s)?

TGPC QKA QKC QPA CPC

Education Program

 Check the button next to the item(s) for which you wish to register:

Item	Fee
<input type="radio"/> ASPPA Introduction to Retirement Plans (IRP)	<input type="radio"/> \$400
<input type="radio"/> NAPA Introduction to Retirement Plans (IRP)	<input type="radio"/> \$400
<input type="radio"/> RPF Module Certificate Program	<input type="radio"/> \$585
<input type="radio"/> QKA-1 Plan Management Package	<input type="radio"/> \$835
<input type="radio"/> QKA-2 Testing & Compliance Package	<input type="radio"/> \$835
<input type="radio"/> Qualified 401(k) Consultant Package (QKC)	<input type="radio"/> \$835
<input type="radio"/> Qualified Pension Administrator Package (QPA)	<input type="radio"/> \$835
<input type="radio"/> Certified Pension Consultant Package (CPC)	<input type="radio"/> \$1,075
<input type="radio"/> TGPC Credential Package	<input type="radio"/> \$835

METHOD OF PAYMENT

 Check one:

Visa MasterCard American Express Discover Check or money order (enclosed)

Total Amount \$ _____ Card No: _____ Exp. Date: ____/____/____

Cardholder's Name: _____ Authorized Signature: _____

This registration form must be accompanied by payment. Please make check or money order payable to ASPPA.

If paying by check or faxing a registration form with credit card information, please allow 7-10 business days for access to the exam. You will receive an email once your payment has been processed.

Mail completed registration form with check payment to: ARA | PO Box 34725 | Alexandria, VA 22334-0725

Fax completed registration form with credit card information to: 703.516.9308

If you are faxing your registration, please do not send a copy via mail.