



2023 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 CPFA QKA QPA CPC FSPA Pursuing a certificate Not pursuing a credential or certificate

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"/> \$560
<input type="radio"/> QKA-1 Plan Management Package	<input type="radio"/> \$800
<input type="radio"/> QKA-2 Testing & Compliance Package	<input type="radio"/> \$800
<input type="radio"/> Qualified 401(k) Consultant Package (QKC)	<input type="radio"/> \$800
<input type="radio"/> Qualified Pension Administrator Package (QPA)	<input type="radio"/> \$800
<input type="radio"/> Certified Pension Consultant Package (CPC)	<input type="radio"/> \$1,035
<input type="radio"/> TGPC Credential Package	<input type="radio"/> \$800

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.