



# CD-ROM Training Completion Form

Complete this form for each student. Attach a printed copy of the program scorecard for each CD-ROM program completed and send to ACA with required administrative fee(s). The scorecards will not be returned. A Certificate of Completion will be sent to the listed supervisor.

**Applicant Information** (Please Print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Company: \_\_\_\_\_ Applicant's work e-mail: \_\_\_\_\_  
 Company ID: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, ZIP: \_\_\_\_\_

CD-ROM Training Program Completed	Completion Date	Administration Fee \$25 each CD-ROM
FDCPA: A Framework for Compliance	_____	\$ _____
Professional Telephone Collectors' Techniques (PTCT)	_____	\$ _____
FCRA: An Inside Look	_____	\$ _____
Collecting From Your Customers	_____	_____
<b>Total:</b>		\$ _____

**Method of Payment**

Check Enclosed  
 Visa     MasterCard     American Express  
 Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Cardholder's Name (Please Print) \_\_\_\_\_  
 Cardholder's Signature \_\_\_\_\_

\*Training Supervisor's Name (Please Print) \_\_\_\_\_  
\* (If applicable)

Training Supervisor's E-mail Address \_\_\_\_\_

Training Supervisor's Signature \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Return completed training form to: *Campus ACA*  
PO Box 390106, Minneapolis, MN 55439-0106