



Professional Practices Management System PPMS Application

Section A: Company Information (Primary Location)

Date _____ Member ID _____

Company's Full Legal Name _____

Location Address _____

City _____ State _____ ZIP _____

PPMS Contact _____ Contact's Title _____

Phone _____ Email _____

Please check level of PPMS:

Certification OR Subscription

___ Number of Sites (NOTE: If this application is for multi-sites, please provide the above company information for each additional site. Label as "Attachment A")

Section B: Required Training

Seminars	Type of Training Delivery	Month & Year Completed
Foundational Training on PPMS	<input type="checkbox"/> Full-day face-to-face seminar	_____
	<input type="checkbox"/> Online seminar	_____
Compliance Training (choose one) Intro to Collection Industry Compliance	<input type="checkbox"/> Face-to-face seminar	_____
	<input type="checkbox"/> Online seminar	_____
Advanced Compliance: Conducting a Risk Assessment	<input type="checkbox"/> Face-to-face seminar	_____
	<input type="checkbox"/> Online seminar	_____
Advanced Compliance: Controls and Corrective Actions	<input type="checkbox"/> Half-day face-to-face seminar	_____
	<input type="checkbox"/> Online seminar	_____

Does someone in your agency hold the Credit & Collection Compliance Officer Designation?
If yes, that satisfies the compliance seminar requirement above.

Yes No

Please note: You will need to submit a certificate of completion for both the Foundational Training on PPMS seminar as well as the compliance requirement to become certified.



Section C: Signature

We apply for certification/ subscription (please check one) and for all rights and privileges associated with that designation. We certify that we have read and agree to abide by ACA International's Code of Ethics and other materials which are a part of the application for Professional Practices Management System; and that the information we have submitted in this application is true and accurate to the best of our knowledge, information and belief. This voluntary activity is separate and distinct from membership in ACA. It carries with it the advantages and acceptance by credit grantors and others in our industry.

Dated _____

Signature (Principal of Company & Title) _____

Print Name and Title of Principal _____

Section D: PPMS Fees – Informational Only**Initial Certification Fees**

Required Fees	ACA Member Rates	Non Member Rates
Certification PPMST TM Fee	\$1,390	\$2,780
Required Training Registration Fee	\$399	\$624
Required Compliance Seminar Fee	\$125*	\$218*
Total Fees	\$1,914**	\$3,622**

- Payment is not required at this time. You will receive Part 2 of this application within 2 weeks and payment will be required at that time.
- Contact ACA for surveillance year fees.

*This is an average cost as seminar fees differ based on length and mode of presentation.

** These fees do not include internal costs incurred by the agency.

Additional Information

- Complete and return the application to ACA International.
- ACA will then send you a copy of the evaluation agreement. Sign and return this agreement with the appropriate fees.
- Once the application, evaluation agreement and fees are received, you will be asked to send the required documentation directly to CliftonLarsonAllen, LLP. Please don't send any documentation to CliftonLarsonAllen, LLP until you have received the final instructions from ACA.
- To achieve certification, various record logs need to be attested to by an independent CPA. Attested means the records that support various logs are on file. It does not mean an evaluation was made to express an opinion. An independent CPA means a Certified Public Accountant that is not involved with or has influence over the company's business (i.e., the CPA cannot be an employee of the company). The independent CPA shall sign and submit a letter/report supplied by ACA stating their independence and that they followed the prescribed procedures required by the ACA PPMSTTM Committee. Companies shall select and compensate the CPA of their choice for services rendered.

* If you are applying for multi-site certification, please contact ACA International for additional requirements.

Please Mail or Fax to:

ACA International
Attn: PPMST
4040 W. 70th Street, Minneapolis, MN 55435
Fax: (952) 926-1624

Questions?
Phone: (952) 926-6547
E-mail: ppms@acainternational.org

