

Trainer Specialist Program (TSP) Designation Three-Year Renewal Application

Applicant Information

Please note that in order to renew your Trainer Specialist designation, you must be a member of ACA International in good standing.

Applicant Name _____ Applicant ID (if known) _____

Company Name _____ Company ID _____

Mailing Address _____

City _____ State _____ ZIP _____

Phone _____ Email Address _____

Teaching Requirement 1: FDCPA Essentials for Collectors Seminar

Check the box to indicate which three times you taught this seminar in last three years.

Date Taught _____ Date Taught _____

Date Taught _____

Teaching Requirement 2: Essential Collection Skills and Techniques Seminar

Check the box to indicate which three times you taught this seminar in last three years.

Date Taught _____ Date Taught _____

Date Taught _____

Renewal Exam

Please fill out the payment information below to renew your designation:

Renewal Fee: \$69.00 (required)

Total Amount Due with Application: \$ _____

Check enclosed. *(Make check payable to ACA International.)*

Credit Card (check one): Visa MasterCard American Express

Account # _____ Expiration Date: _____ CVC: _____

Signature _____

Print Name _____

We recommend not emailing forms containing credit card data. Fax or mail instead.

Signature

I certify that the information provided on this application is true and accurate to the best of my knowledge.

Applicant's Signature _____ Date _____

Please Mail or Fax With Payment to:

ACA International
Attn: Member Services
4040 W. 70th Street, Minneapolis, MN 55435

Fax: (952) 926-1624

