



## Designation Renewal Exam Application Professional Collection Specialist (PCS)

ACA Member Services—Phone: 800-269-1607 Secure Fax: 952-926-1624  
3200 Courthouse Ln, Eagan, MN 55121-1585  
E-mail: [memberservices@acainternational.org](mailto:memberservices@acainternational.org)

### CONTACT INFORMATION

Complete this form for each Renewing Applicant. An email associated with the Applicant is required to access the exam system.

<b>APPLICANT Name and ACA ID#:</b> _____	
<b>APPLICANT Email:</b> _____	<b>APPLICANT Phone:</b> _____
<b>Trainer/Supervisor Name and ACA ID #:</b> _____	
<b>Trainer/Supervisor Email:</b> _____	<b>Trainer/Supervisor Phone:</b> _____
<b>COMPANY Name/ACA ID #:</b> _____	
<b>COMPANY Mailing Address:</b> _____	

### RENEWAL REQUIREMENT

Take the online PCS exam and pass with a score of 85% or better.

Purchase access to the exam on the following page. The exam is administered via ACA's Learning Management System. An email is required for the applicant to access the testing system.

ACA will verify each applicant's exam records.

**Candidates must achieve a score of 85% or higher to fulfill the PCS requirement.**

#### Terms of exam:

- The exam is closed book, delivered online and is scored immediately.
- Each exam purchase comes with 2 attempts.
- There is a 2-hour timer on each exam attempt. Each attempt must be completed in one session. It cannot be paused. Please plan to take the test without interruptions. If technical problems occur, notify ACA.
- If the first attempt is failed, the user may exit the system and return another time to complete the second attempt.
- If a candidate fails both attempts, that exam will lock and a new exam must be purchased.
- Each exam purchase login will expire after 60 days. If your login expires, you must purchase a new exam.
- When a passing score is achieved, ACA will notify the user of their designation award. Accomplishments and certificates will be recorded in the My ACA Education Transcript on ACA's website.

*ACA's Professional Collection Specialist designation is a mark of commitment to professionalism and continuing education.*

*Those who achieve the designation have met specific educational requirements.*

*Holding the designation is not a guarantee of performance, nor does the lack of the designation indicate a lack of capability.*

### TRAINING VERIFICATION

<p><b>Trainer or Supervisor Signature:</b> <i>I have supervised this applicant's training and I certify the information provided on this application is true and accurate to the best of my knowledge.</i></p>	<p><b>Applicant Signature:</b> <i>I certify the information provided on this application is true and accurate to the best of my knowledge.</i></p>
Signature	Signature
Date	Date

**SUBMIT PAYMENT WITH APPLICATION**

Exam login information will be emailed to the applicant after this form is processed. Two attempts are included with each purchase. Once a passing score is achieved, exam access will lock. Exam access expires 60 days after issuance.

**Submit Fee:**

Testing fees are not eligible under the ACA Training Zone.

**ACA Member Exam Renewal Fee (for 2-year term) \$49.00**

**Non-Member Exam Renewal Fee (for 2-year term) \$98.00**

Mail to:  
3200 Courthouse Ln  
Eagan, MN  
55121-1585

**Physical Check (payable to ACA International)**

Please do not email credit card data. Phone in or send a secure fax.

**Credit Card Information:**

Please note a 3% non-refundable fee will be added to credit card payments ("surcharge"), which is not greater than our cost of acceptance. To avoid the surcharge, you may pay via ACH or check. Applicable law prohibits us from applying the surcharge to debit cards and transactions for companies based in CO, CT, MA, ME, NY, or outside of the United States.

**Visa**

**Mastercard**

**American Express**

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ CVC: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

ACH Payments Authorized by

**ACH Authorization:**

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

Signature to authorize direct transfer: \_\_\_\_\_