



Designation Capstone Exam Application Initial 2-Year Term

Trainer Specialist (TS)

ACA Member Services—Phone: 800-269-1607 Secure Fax: 952-926-1624

3200 Courthouse Ln, Eagan, MN 55121-1585 E-mail: memberservices@acainternational.org**APPLICANT CONTACT INFORMATION:** The assignment and submission instructions will be delivered via e-mail to the applicant.

APPLICANT Name and ACA ID#:	_____	
APPLICANT Email:	_____	APPLICANT Phone: _____
COMPANY Name and ACA ID#:	_____	
COMPANY Mailing Address:	_____	

REQUIREMENTS: This is an ACA members-only designation.

Hold a current and active Professional Collection Specialist (PCS) designation.

Attend the ACA Trainer Specialist Designation Workshop. This 3-part session is offered as a live webinar or an in-person session.

Date of last PCS renewal. Access your ACA ID # and Education Transcript by logging into www.acainternational.org**Date attended.** Access your ACA ID # and Education Transcript by logging into www.acainternational.org**SUBMIT PAYMENT HERE:** ACA will process payment, verify requirements, then deliver the capstone assignment electronically.**Submit Fee:**

The ACA Training Zone cannot be used to pay for tests.

Capstone Fee: \$150.00**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: _____