



Professional Collection Specialist® (PCS) Exam Application

ACA International • 3200 Courthouse Lane • Eagan, MN 55121
Phone: (800) 269-1607 • Fax: (952) 926-1624

**Thank you for your commitment to professionalism and success in
the accounts receivable management industry!**

APPLICATION INSTRUCTIONS

Please complete and return this application to ACA Member Services either via mail*, via fax at (952) 926-1624 or via the [ACA online portal](http://www.acainternational.org). To send via the online portal sign into the ACA website at www.acainternational.org, scroll to the bottom of the page and click on "Send a Message".

- Please title your message "PCS Exam Application".
- Once you save the message you will need to re-open it and at the bottom of the message you will see a place to add an attachment. From there you can upload your PCS Application.
- Once your application and payment are processed, exam login information will be emailed to the trainer.

Please note that the application will not be fully processed until payment is received. You may choose to submit payment via ACH, credit card, e-invoice or mailed check. Payment by mail or e-invoice may delay processing time due to additional handling required.

ACA verifies each candidate's academic record to confirm completion of all designation requirements prior to emailing the exam login instructions. Upon notification that you have passed your exam, successful candidates will be able to view and print certificates by logging in at www.acainternational.org, clicking on their name in the upper right corner of the screen and then clicking on "Certificates".

**You may also submit this application via mail by sending the application to the address listed above.*

Attention: Member Services. Please note that due to transit and additional handling, processing may be delayed.

ADDITIONAL INFORMATION

- ACA will verify each applicant's course participation records.
- When using ACA's "animated" e-courses, ensure the course progress shows "Completed" and returns a printable score.
- Candidates must achieve an exam score of 85% or higher to fulfill the PCS requirement.



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Terms of exam:

- The exam is closed book, delivered online and is scored immediately.
- Each exam purchase includes 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.

APPLICANT INFORMATION

NOTE: If you have several applicants you are submitting at one time, you may submit one application and attach a separate sheet listing all of the applicants with the appropriate information for each.

Applicant Name			
Applicant Email			
Applicant Phone		Applicant ACA ID, if known	
Trainer/Supervisor Name			
Trainer/Supervisor Email			
Trainer/Supervisor ACA ID		Trainer/Supervisor Phone	
Company Name		Company ID	

REQUIRED COURSES

Course	Date Completed	Course	Date Completed
FDCPA Essentials for the ARM Industry (FDCPA)		Essential Collection Skills and Techniques (ECST)	



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TRAINING VERIFICATION

I certify that the information provided by me on this application including any accompanying or required documentation is true and correct to the best of my knowledge.

Applicant Signature: _____ Date _____

I have supervised this applicant's training and confirm the applicant has successfully completed the preceding indicated training program(s). I have attached all necessary scorecards.

Trainer/Supervisor Signature: _____ Date _____

PAYMENT

ACA Member Exam Fee	\$99.00	Non-Member Exam Fee	\$198.00
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☐ Bill Me (e-invoice) ☐ Check ☐ Credit Card**

Credit Card Number _____

Signature _____ CVC _____

Name on Card _____ Exp Date _____

☐ ACH Payment

Bank Routing Number _____

Bank Account Number _____

Name on Account _____

Type of Account: ☐ Checking ☐ Savings

Signature Authorization _____

**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.