

APPLICATION, RELEASE, SPECIAL ACCOMMODATIONS REQUEST



Shareholder Services Professional Certificate

*Sponsored by the
Shareholder Services Association*

I. APPLICATION

Last Name First Name Middle Name

Work Address

City State Zip Code

Shipping Address

City State Zip Code

Office Phone Number Mobile Phone Number

Email Address

II. EDUCATION & WORK EXPERIENCE VERIFICATION

University or College Name Degree Earned

Attended From: _____ To: _____

Graduation Year: _____

University or College Name Degree Earned

Attended From: _____ To: _____

Graduation Year: _____

Current Employer _____ Job Title _____
Employed From: _____ To: _____

Shareholder Services Experience Verification- State the job title and length of employment in a qualifying position.

Previous Employer _____ Job Title _____
Employed From: _____ To: _____

Shareholder Services Experience Verification- State the job title and length of employment in a qualifying position.

III. ELIGIBILITY REQUIREMENTS

(Please check at least one of the following requirements and provide supporting documentation in the following Section III.)

Applicant has a bachelor's degree from an accredited university.
 Yes No

Applicant has a minimum of two (2) years in a shareholder services role or a related field which includes shareholder services' functions.
 Yes No

IV. EXAMINATION LOGISTICS

An in-person proctored exam will be given at least (3) times per year with the SSA Annual Conference serving as one option, as well as New York, NY and Minneapolis, MN. Please contact SSA to schedule your exam.

V. EXAMINATION FEES

_____ \$750.00 SSA Member

_____ \$1,395.00 SSA Non-Member
The payment of a Certificate Fee for a Non-SSA member includes a one-year SSA membership which will expire one year from the date of this application.

VI. PAYMENT INFORMATION

___ Visa ___ MasterCard ___ American Express ___ Check Made Payable to: **SSA**

Card # _____ Exp Date ____ / ____

Card Holder's Name _____

Card Holder's Signature _____

(initial) By initialing this statement, I certify I am an authorized user.

APPLICANT AUTHORIZATION & RELEASE

All statements must be initialed for application to be valid.

By initialing the following statements, you certify:

___ All statements given in this application are true and correct.

___ SSA is authorized to verify the information provided in this application.

___ I understand that any misrepresentation notated in this application will result in disqualification from completing the examination.

___ I have read the SSPC Guidebook and understand the following:

- All policies and conduct code outlined

___ I release SSA Board of Directors, SSA Executive Director and the Certificate Committee from all liability.

___ I authorize SSA to release my name as a successful participant of the certificate program.

Name

Date

VII. SPECIAL ACCOMMODATIONS

SSA respects and responds to any request for special accommodations during the exam as covered by the American with Disabilities Act.

Complete the information below if you would like to request special accommodations.

I would like to request _____

Comments: _____

By signing the below, I certify that I have provided all necessary information regarding my request for special accommodations as covered by the American with Disabilities Act.

Name

Date