



2016

Regional Association/Chapter Education Credit Request Form

Please read and complete each section fully and accurately in legible handwriting or type. PPAI Professional Development Department will review the information provided and will determine whether or not education credits may be assigned for the submitted regional association offered education.

Submission for credit is determined based on individual education courses/sessions completed. Each individual education course/session should be submitted on its own form.

- Any education offered by a regional association or chapter must be previously reviewed and approved for certification credit by PPAI.
- Live education provided by a regional association or chapter will be submitted directly to PPAI by the regional association or chapter.

Please mail, fax or email a PDF of your completed request form to:

Mail: PPAI
 ATTN: Certification
 3125 Skyway Circle N, Irving, TX 75038

Fax: 972-594-4059

Email: certification@ppai.org

Your request will be processed within one week of receipt.

SECTION 1

All requested information is required for processing.

Applicant Name: _____ PPAI PIN#: _____

Company Name: _____

Email: _____

Telephone: _____

SECTION 2

Please select the below U.S. Regional Association or Canadian Chapter which provided your completed education:

- | | | | | |
|---|---|--|---|---|
| <input type="checkbox"/> AzPPA | <input type="checkbox"/> RMRPPA | <input type="checkbox"/> HPPA | <input type="checkbox"/> PPAMS | <input type="checkbox"/> GAPPP |
| <input type="checkbox"/> NWPMA | <input type="checkbox"/> PPAS | <input type="checkbox"/> PPAW | <input type="checkbox"/> MiPPA | <input type="checkbox"/> CAAMP |
| <input type="checkbox"/> PMANC | <input type="checkbox"/> UMAPP | <input type="checkbox"/> PPACHICAGO | <input type="checkbox"/> TSPPA | <input type="checkbox"/> PPA |
| <input type="checkbox"/> SAAC | <input type="checkbox"/> PPAM | <input type="checkbox"/> SPPA | <input type="checkbox"/> PPAF | <input type="checkbox"/> TRASA |
| <input type="checkbox"/> PAPPAA | <input type="checkbox"/> SAAGNY | <input type="checkbox"/> NEPPA | <input type="checkbox"/> CPPA | <input type="checkbox"/> VAPPA |
| <input type="checkbox"/> CASA | <input type="checkbox"/> GCPPA | <input type="checkbox"/> Alberta Chapter | <input type="checkbox"/> British Columbia Chapter | |
| <input type="checkbox"/> Saskatchewan Chapter | <input type="checkbox"/> Manitoba Chapter | <input type="checkbox"/> Ontario Chapter | <input type="checkbox"/> Quebec Chapter | <input type="checkbox"/> Atlantic Chapter |

SECTION 3

Please select the below source of your completed education:

- On-Demand Webinar
- Other On-Demand Resource: _____

SECTION 4

Please answer the following questions thoroughly. Insufficient information may result in a decline to approve credit(s).

Title of Session/Course— _____

Presenter(s)/Speaker(s) – _____

Date Completed – _____ Duration (hours) – _____

In your own words, please provide a brief summarization of this education. _____

How does this education pertain to the promotional products industry? _____

What was your biggest “take away” from this education? _____

Please provide two examples of how the content from this education can be applied in your current position. _____

(If needed, attach additional sheets)

SECTION 5

Please attach any corresponding documentation relevant to this request.

Applicant Signature: _____ Date: _____