



Certification Application

Circle Level of Certification:

Level I

Level II

Level III

Name of Candidate: _____

Address: (home) _____

(office) _____

Check preferred address for APA mailings: Home Office

Phone: (home) _____ (office) _____

Email: _____

Employer: _____

Current position in church/governing body: _____

How long in current position: _____

Regional Membership (check region)

- Florida Mid-Atlantic Pacific
- Greater Midwest Mid-South Rocky Mountain
- Heartland Northeast Southwest

How many years have you been a member of APA? _____

APA Dues Paid (date) _____

Two (2) most recent National/Regional Conferences attended:

Date(s)	Location of Conference	National/Regional

Application Fee of \$25.00 MUST Accompany This Application
Please make check payable to Administrative Personnel Association

When you begin the Certification Process, please complete and return this application and check to your regional certification chairperson listed below. (Regional Chairperson will forward copy to National Chairperson and mail check to National Treasurer)

REGIONAL CERTIFICATION CHAIR INFORMATION	FOR REGIONAL OFFICE USE ONLY
Name: _____	Date: _____
Address: _____	APA Region: _____
_____	Presbytery: _____
Phone: _____	Synod: _____
Email: _____	Application fee paid <input type="checkbox"/> Check #: _____
Email: _____	Application fee paid <input type="checkbox"/> Check #: _____