American Society of Pension Professionals & Actuaries
Application for Credentialed Membership Reinstatement

Apply Now!
Questions?
Call 800-308-6714

All credentialed members are subject to continuing education requirements of 40 credits (including 2 credits in Ethics/Professionalism) each two-year cycle. Membership in ASPPA must be renewed annually to retain credentials. For exceptions, please refer to the ARA Continuing Education (CE) page at www.asppa-net.org.

Mr./Mrs./Ms. Name: _____
(circle one) First MI Last (former name)

Company: _____ Company Owner's Name(s): _____
(provide company name, even if home address is noted below)

Title: _____ ❑ I am the owner

Street Address: _____

City: _____ State: _____ Zip Code: _____

❑ Home ❑ Business

Work Phone: _____ Fax: _____

Home Phone: _____ Home Zip Code (for government affairs purposes): _____

Work Email Address: _____ Date of Birth: _____

Personal Email Address: _____

For which credential(s) are you applying?

❑ CPC™ (Certified Pension Consultant)
  ❑ I am an APA (Accredited Pension Administrator)
❑ QPA™ (Qualified Pension Administrator)
  ❑ I am an ERPA (IRS ERPA Enrollment No:) _____)
❑ QKA® (Qualified 401(k) Administrator)
❑ QKC® (Qualified 401(k) Consultant)
❑ CBS™ (Cash Balance Specialist)
❑ QKS (Qualified 401(k) Specialist)
❑ NQPA (Non-Qualified Plan Advisor)
❑ APM (Associated Professional Member)
❑ TGPC (Tax Exempt & Government Plan Consultant)
  ❑ I am an Attorney (Jurisdiction: _____)
  ❑ I am a CPA (Jurisdiction: _____)
❑ QPFC (Qualified Plan Financial Consultant)
❑ CPFA® (Certified Plan Fiduciary Advisor)
❑ 401(k) Rollover Specialist ((k)RS™)

Which professional credentials do you hold? (Choose all that apply)

❑ AAMS
❑ AEP
❑ APA
❑ APR
❑ ARPC
❑ ARPS
❑ ASA
❑ CEBS
❑ CFA
❑ CFP
❑ CFS
❑ ChFC
❑ CIMA
❑ CLU
❑ CMFC
❑ CPA
❑ CRA
❑ CRC
❑ CRPC
❑ CRS
❑ CRSP
❑ EA
❑ ERPA
❑ Esq
❑ FCA
❑ FSA
❑ MAAA
❑ MCRS
❑ MSFS
❑ N(k)S
❑ PFS
❑ RFC
❑ RFP
❑ RIA
❑ RP
❑ Other: _____

Which position best describes your job function?

❑ Accountant/Plan Auditor
❑ Actuary
❑ Advisor – 401(k)
❑ Advisor – 403(b)/457 Plan
❑ Attorney
❑ Home Office (BD, RIA, DCIO)
❑ Client Relationship Managers
❑ Institutional Trainer
❑ Recordkeeper
❑ Salespeople
❑ TPA/Plan Administrator
❑ Wholesaler (External)
❑ Other: _____

Which business most closely describes your place of employment?

❑ Accounting
❑ Actuarial/Employee Benefits
❑ Bank/Savings & Loan
❑ Brokerage
❑ Computer/Software
❑ Consulting
❑ Educational Institution
❑ Government Entity
❑ Human Resources
❑ Industry Training
❑ Insurance Agency
❑ Insurance Provider
❑ Investment Consulting
❑ Investment Provider
❑ Legal
❑ Mutual Fund/DCIO
❑ Plan Sponsor
❑ Recordkeeper
❑ TPA
❑ TPA – Producing
❑ Other: _____

Please indicate the SEC or state insurance license you currently hold:

❑ Series 6 ❑ Series 7 ❑ Series 65 ❑ State life or annuity insurance license: _____ (State) _____ (License number)

Code of Conduct:

Have you been found guilty of a felony, violation of insurance or securities regulations or any violation of the code of ethics of any professional or business organization?

❑ No ❑ Yes (If yes, explain on a separate attachment.)

I have read the ASPPA Code of Professional Conduct and if my application is accepted I agree to abide thereby. I certify that the information provided in this application is true and correct to the best of my knowledge. (If you do not have a copy of the ASPPA Code of Professional Conduct, please call the ASPPA office to request one.)

Signature: _____ Date: _____

CE Verification:

I certify that my ARA Continuing Education (CE) Transcript contains the necessary credits to reinstate my inactive credential(s) (40 credits, including 2 ethics, earned within the 24-month period preceding the submission of this reinstatement application). It is my responsibility to self-report any non-ARA CE and verify all entries in my transcript are both accurate and meet ARA CE guidelines. (If you have any questions regarding your CE, call the ASPPA office at 703.516.9300)

Signature: _____ Date: _____

Payment Information:

Payment Date:	Dues Payment:	
Jan. 1-Jun. 30	❑ $720 (dues through 12/31)	❑ $100 Reinstatement
Jul. 1-Oct. 31	❑ $360 (dues through 12/31)	
Nov. 1-Dec. 31	❑ $720 (includes next year's dues)	
	❑ $100 Retired or Government Employee (dues through 12/31)	

I am paying by: ❑ Check ❑ Money Order ❑ Mastercard ❑ Visa ❑ Amex ❑ Discover

Name as it appears on card: _____

Card No.: _____ Exp. Date: _____

Signature: _____

Remit Payments:

Paying by check? Please send your completed application to: ASPPA, P.O. Box 34725, Alexandria, VA, 22334-0725.
Paying by credit card? Please fax your completed application to 703.516.9308 or email accountsreceivable@usaretirement.org.
Dues appearing on this application are not valid after December 31, 2024.
Questions? Please call us at 800.308.6714.

Tax Deductions:

Dues, contributions or gifts to ASPPA are not deductible as charitable contributions; they may be deductible, however, as ordinary and necessary business expenses. Federal law prohibits a tax deduction for the portion of membership dues attributable to lobbying expenses incurred by the organization. Consequently, for 2024, 15% of your dues are non-deductible in accordance with this provision.

ASPPA
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