



CPPT Certification Program Application

Participant Information:

Name: _____

(Please print your name the way you would like it on your certification plaque)

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

E-Mail: _____

Signature: _____

Payment Information:

In order to make the PAPERS CPPT Program successful there is a \$300 participation fee to cover administrative costs. We understand it is a difficult time for state and municipal budgets; please indicate if you would like to pay in entirety or three (3) installments of \$100.

Pay in full (\$300)

Pay in three (3) \$100 installments

Check on site

Send invoice

Invoice to be sent to other than participant.

Billing Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please submit CPPT application to:

Public Pensions, Inc.

c/o PAPERS CPPT

P.O. Box 550

Sturbridge, MA 01566

Or: smckinstry@publicpensionsinc.com

Office Use Only:

Paid in advance

Paid on site

Invoice

Amount Paid: _____ Date Paid: _____ Balance Amount: _____ Date Paid: _____

Level 1 Start Date: _____ Level 1 Completion Date: _____

Level 2 Start Date: _____ Level 2 Completion Date: _____