



American Purchasing Society, Inc.



**CERTIFIED PURCHASING PROFESSIONAL AND/OR
CERTIFIED PROFESSIONAL PURCHASING MANAGER**

UPDATE FORM

Please type or print clearly and provide the information requested below.

NAME _____ BIRTH DATE _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PRESENT COMPANY AFFILIATION OR EMPLOYMENT _____

TITLE _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

BUSINESS TELEPHONE () _____ HOME TELEPHONE () _____

FAX () _____ E-MAIL _____ CITIZEN OF _____

TYPE OF BUSINESS _____

Type of certification update for which you are applying (check all that apply)

- Update for Certified Purchasing Professional (CPP)
- Update for Certified Professional Purchasing Manager (CPPM)
- Update for Both CPP & CPPM

Please answer the following questions.

1. Have you ever been convicted of any crime or felony? Answer yes or no.

2. Please provide a complete history of employment including titles, dates, responsibilities and names of immediate supervisors **since your initial certification date or since your last update.**



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3. Please provide a complete history of any education received since your initial certification date or since your last update. Please include names of educational organizations, degree or courses, and dates.

4. Please list any purchasing books and periodicals read in the last five years.

5. Do you belong to any professional organizations or clubs? If so, what are they?

Submit comments or explain any entry above deemed necessary for clarification. Submit any other data you feel pertinent.

I hereby apply for certification update from the American Purchasing Society as a fully qualified and professional purchasing practitioner and swear that all statements made by me on this form, to the best of my knowledge, are true and factual. I agree to and permit any investigation into my background that the American Purchasing Society deems necessary. I understand that I must at all times conduct myself in a businesslike and ethical way and if I do not, or if it is later discovered that there are any false statements or deception in submitting this form, an awarded certification may be revoked.

Date _____ Applicant's Signature _____

Update Processing Fees (Remittance must accompany application and is non-refundable)

Table with 2 columns: Description of update/fee and Amount. Rows include Certified Purchasing Professional (CPP) Update, Certified Professional Purchasing Manager (CPPM) Update, Both CPP and CPPM Update, The Science and Art of Negotiation, Business Ethics for Buyers and Sellers, Essential Law for Buyers and Sellers, Math for Purchasing and Business, Managing Inventory, Forecasting for Buyers, Managers, and Exec., and Total Enclosed.

Please remit with this completed form to: Certification Secretary, American Purchasing Society, North Island Center, 8 E. Galena Blvd., Suite 203, Aurora, IL 60506

PAYMENT METHOD

Check Amex MasterCard MC Visa VISA # _____ Exp. Date _____

Name on Card: _____ CCV Number _____

Card Billing Address: _____ City _____ State _____ Zip _____