



American Purchasing Society
Association of Distribution and Warehouse Management

**APPLICATION FOR RECOGNITION AS A
CERTIFIED PROFESSIONAL IN
DISTRIBUTION AND WAREHOUSING**

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 _____

Please answer the following questions.

1. Please submit a list of schools you have attended, indicating your highest grade completed, if you graduated, dates attended, degree or degrees you earned, areas or courses of specialty, and your standing in the class if known. **Submit confirmation of your attendance and diploma or degree earned.** List any other or additional courses or seminars you have taken.

2. Please submit a complete resume giving sufficient detail to indicate or measure your progress, managerial ability, and business exposure. Be sure to give dates of employment, your official title, and name and title of your immediate supervisor. Indicate the number of people you supervised in each position, if any.

3. Do you believe you are financially responsible in both your business and personal affairs? If you were taking a job as president of a bank, what evidence could you show as examples of your financial trustworthiness?

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continued from front

4. Have you ever declared bankruptcy? If so, please give the date, the jurisdiction and the circumstances. Certain financial situations can disqualify a candidate from earning certification.
5. Have you ever been convicted of a felony? Answer yes or no. If yes, please provide the crime, date, court jurisdiction and state, sentence and current status. Conviction of a felony will usually disqualify a candidate from earning certification.
6. Do you belong to any professional organizations and clubs? What are they?
7. Why are you applying for certification? If certified, will you support the American Purchasing Society and its certification program? In what way?

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

I hereby apply for certification from the American Purchasing Society as a fully qualified and professional 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 _____

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

CPDW Application Processing Fee: Member \$195 Nonmember \$250	_____	Please remit with this completed form to: Certification Secretary American Purchasing Society North Island Center 8 E. Galena Blvd., Suite 406 Aurora, IL 60506
Preparation for CPDW Exam: Member \$230 Nonmember \$250	_____	
CPDW Exam: (If courses taken individually, not through prep course) \$80	_____	
Total Enclosed \$	_____	

PAYMENT METHOD

Check Amex  MC Visa  # _____ Exp. Date _____

Name on Card: _____ CCV Number _____

Card Billing Address: _____ City _____ State ____ Zip _____