



PCP Certification Reinstatement Application

CPA Number: _____

First Name: _____

Last Name: _____

Preferred Mailing Address:

Address: _____

City/Province: _____

Postal Code: _____

Tel: (____) _____ Fax: (____) _____ Email: _____

REINSTATEMENT OF PCP CERTIFICATION

An individual with a withdrawn Payroll Compliance Practitioner (PCP) certification may apply for reinstatement of their PCP certification within **three years** following the date of withdrawal of certification by:

1. Completing the Payroll Knowledge Evaluator (PKE) with a minimum grade of 65% for each course component.
2. Paying a reinstatement fee of \$150 plus applicable taxes.
3. Joining, or maintaining membership with, the Canadian Payroll Association and paying applicable annual membership dues.

Note: For further detailed information, please review the reinstatement information available at www.payroll.ca → Certification → Certification Reinstatement.

Membership Application Forms can be found at www.payroll.ca → Membership → Become a Member Today.

Fee	5% GST AB, BC, MB, NT, NU, SK, YT	13% HST ON	5% GST 9.975 QST QC	15% HST NB, NL, NS	14% HST PE
\$150.00	\$157.50	\$169.50	\$172.47	\$172.50	\$171.00

Cheque (payable to: The Canadian Payroll Association) Personal Company Money Order

Credit Card (VISA, MC, AMEX) #: _____ Expiry date: ____/____/____
MM YY

Cardholder's Name: _____

Cardholder's Signature: _____

I agree to comply with the ongoing requirements of certification.

I, _____ (First Name, Last Name), confirm that by signing this form I understand that the PCP certification will be reinstated only upon successful completion of all of the requirements listed on the Certification Reinstatement Application. I also understand that I must comply with the following three requirements in order to maintain certification with the CPA:

The CPA reserves the right to change prices and/or product/service entitlements without notice.



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1. Maintain a membership with the CPA through a Professional [individual] Membership **or** through the Organization Membership of my employer;
2. Adhere to the CPA's Code of Professional Conduct; and
3. Meet the Continuing Professional Education (CPE) requirements.

Signature: _____ **Date:** _____

Send your Certification Reinstatement Application package to:

The Canadian Payroll Association National Office
c/o Certification Department
1600 - 250 Bloor Street East
Toronto, ON M4W 1E6

Fax: 416-487-3384

Email: certification@payroll.ca

Your Certification Reinstatement Application package should include:

- ✓ **A membership application form (if applicable)**
- ✓ **A Payroll Knowledge Evaluator report, or if unsuccessful on the Payroll Knowledge Evaluator, a copy of your transcript to confirm the achievement of 65% for each course component**
- ✓ **A completed Certification Reinstatement Application Form**

Note: Incomplete Certification Reinstatement Application packages will not be processed and will be discarded. Please ensure that all steps listed above have been completed prior to submission.

The Canadian Payroll Association – Certification Department
1600 – 250 Bloor Street East, Toronto, ON M4W 1E6

Fax: 416-487-3384

Email: certification@payroll.ca

GST/HST # R100769918 / QST# 1013458720

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