

ARPS or ARPC Candidate Application

Industry Professional Applicant Contact Information - (Note: This application is not for use by non-industry professional applicants)

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Company: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Job Title: _____

- Select the Designation(s) are you applying for?
(Please select one only)
- Accredited Retirement Plan Consultant (ARPC)
 - Accredited Retirement Plan Specialist (ARPS)

Applicant Eligibility Information

I have completed 1 year of full-time experience in the financial services industry (at least 1,000 hours, of which 25% of my time was spent on retirement plan products, administration or services).

I certify that all information provided in this application is accurate and complete. I authorize verification of this information and apply for acceptance as a candidate for SPARK Training.

Signature: _____ Date: _____

Supervisor / Work Colleague Information

Full Name: _____ Date: _____
Last First M.I.

Company: _____

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Job Title: _____

Supervisor Certification & Recommendation

I certify that I am/was the applicant’s supervisor/work colleague, and while reporting to me, the candidate had, in the positions identified above, at least one year of full-time experience in financial services, with at least 25% of that time spent working on retirement plan products, administration or services. I understand that 1 year of full-time experience is defined for these purposes is at least 1,000 hours, and that qualifying work experience could include any, or all, of the following: plan design, administration, investment management, recordkeeping, communications, trustee, fiduciary or custody. Qualifying candidate roles include sales, administration, investment management, communications, legal, accounting or marketing.

I recommend this applicant for acceptance as a candidate for the SPARK Training program, and I agree that all information provided on this form is accurate and complete to the best of my knowledge. I am willing to be contacted for verification of this information.

Signature: _____ Date: _____

Return this completed application form to:

Email: registrar@trauniversity.com
 Fax: 855-755-4016

Once your application has been reviewed, you will be contacted. If you have been accepted, we will send you payment instructions and access to our Learning Management System (LMS).