



eta

CERTIFIED PAYMENTS PROFESSIONAL

Please complete, sign, and date the application. You will not receive your Notice to Schedule (NTS) email unless all of the information is complete and payment is received. Please ensure that your email program will accept emails from testing@castleworldwide.com. All applications still incomplete after 90 days will be rejected and returned.

- ❖ **If your organization is paying for your testing session and will be submitting multiple applications with a single payment**, submit pages 1-6 of this application to your organization as directed. Do not submit your application directly to Castle.
- ❖ **If you are applying on your own and paying for your own testing session**, submit your completed application, with payment, to Castle by the application deadline.

Note: If submitting this application by mail, please do not complete an application online.

Candidate Checklist

Please verify you have the information below before submitting the application.

- Current demographic information
- Candidate attestation signature
- Payment (including \$50 application fee), if applying on your own

Candidate Demographics

Enter your name **EXACTLY** as it appears on your current government-issued photo ID.

Title (Mr., Miss, Mrs., etc.): _____ Last Name: _____ First Name: _____

Middle Name: _____ Suffix (II, Jr., etc.): _____ Maiden/Previous Last Name: _____

Date of Birth: ____/____/____ Gender: Male Female
(mm/dd/yyyy)

Primary Email: _____

Note: This email address will be used as your login username for the online registration system.

Please choose a password for your account (at least 5 characters): _____

Note: Record this password as you will need it to log in to the ETA registration system. Passwords are case-sensitive.

Contact Information

Street Address 1: _____ Street Address 2: _____

City: _____ State: _____ Country: _____ Postal Code: _____

Telephone (Work): _____ (Home): _____ (Cell): _____

Eligibility

To be eligible to sit for the Certified Payments Professional (CPP) examination, candidates must have either one year of industry-related experience and a high school diploma, associate or bachelor's degree OR three years of industry-related work experience.

Current Employment Information

Please provide **current** employment information.

Employer: _____ Job Title: _____

Street: _____ City: _____ State: _____

Country: _____ Start Date: ____/____/____ Supervisor: _____
(mm/yyyy)

Supervisor Title: _____ Supervisor Phone: _____

What is your primary job function? (Check one.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Government Affairs | <input type="checkbox"/> Partner Programs |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Product Development |
| <input type="checkbox"/> Client Relations | <input type="checkbox"/> International/Global Relations | <input type="checkbox"/> Research |
| <input type="checkbox"/> Communications/PR | <input type="checkbox"/> Legal | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Marketing | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Media | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Meetings | <input type="checkbox"/> Technology |
| <input type="checkbox"/> General Office Management | <input type="checkbox"/> Merchant Relations | <input type="checkbox"/> Training & Development |
| <input type="checkbox"/> Gift/Loyalty Programs | <input type="checkbox"/> Operations | <input type="checkbox"/> Other (specify): _____ |

What is your position/level within your company? (Check one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> General Manager | <input type="checkbox"/> Senior Vice President |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Manager | <input type="checkbox"/> Staff/Sales Staff |
| <input type="checkbox"/> Chief Operating Officer | <input type="checkbox"/> Owner | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Chief Technology Officer | <input type="checkbox"/> Partner | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Director | <input type="checkbox"/> President | |
| <input type="checkbox"/> Executive Vice President | <input type="checkbox"/> Principal | |

How many employees are in your company? (Check one.)

- 1-10 11-50 51-200 201-1,000 1,001+

What is your primary business? (Check one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> ATM | <input type="checkbox"/> Electronic Payment Processing | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Insurance | <input type="checkbox"/> POS Equipment |
| <input type="checkbox"/> Card Association | <input type="checkbox"/> ISO | <input type="checkbox"/> Software |
| <input type="checkbox"/> Check Guarantee | <input type="checkbox"/> ISP/ASP | <input type="checkbox"/> Smart Cards |
| <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> Sponsor ISOs | <input type="checkbox"/> Training and Education |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Legal | <input type="checkbox"/> Other (specify): _____ |

Previous Employment Information

Please provide **previous** employment information. Attach additional pages as needed.

#1

Employer: _____ Job Title: _____

Street: _____ City: _____ State: _____

Country: _____ Supervisor: _____ Supervisor Title: _____

Supervisor Phone: _____ Start Date: ____/____/____ End Date: ____/____/____
(mm/yyyy) (mm/yyyy)

What was your primary job function? (Check one.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Government Affairs | <input type="checkbox"/> Partner Programs |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Product Development |
| <input type="checkbox"/> Client Relations | <input type="checkbox"/> International/Global Relations | <input type="checkbox"/> Research |
| <input type="checkbox"/> Communications/PR | <input type="checkbox"/> Legal | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Marketing | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Media | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Meetings | <input type="checkbox"/> Technology |
| <input type="checkbox"/> General Office Management | <input type="checkbox"/> Merchant Relations | <input type="checkbox"/> Training & Development |
| <input type="checkbox"/> Gift/Loyalty Programs | <input type="checkbox"/> Operations | <input type="checkbox"/> Other (specify): _____ |

What was your position/level within your company? (Check one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> General Manager | <input type="checkbox"/> Senior Vice President |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Manager | <input type="checkbox"/> Staff/Sales Staff |
| <input type="checkbox"/> Chief Operating Officer | <input type="checkbox"/> Owner | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Chief Technology Officer | <input type="checkbox"/> Partner | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Director | <input type="checkbox"/> President | |
| <input type="checkbox"/> Executive Vice President | <input type="checkbox"/> Principal | |

How many employees were in the company? (Check one.)

- 1-10 11-50 51-200 201-1,000 1,001+

What was your primary business? (Check one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> ATM | <input type="checkbox"/> Electronic Payment Processing | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Insurance | <input type="checkbox"/> POS Equipment |
| <input type="checkbox"/> Card Association | <input type="checkbox"/> ISO | <input type="checkbox"/> Software |
| <input type="checkbox"/> Check Guarantee | <input type="checkbox"/> ISP/ASP | <input type="checkbox"/> Smart Cards |
| <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> Sponsor ISOs | <input type="checkbox"/> Training and Education |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Legal | <input type="checkbox"/> Other (specify): _____ |

#2

Employer: _____ Job Title: _____

Street: _____ City: _____ State: _____

Country: _____ Supervisor: _____ Supervisor Title: _____

Supervisor Phone: _____ Start Date: ____/____/____ End Date: ____/____/____
(mm/yyyy) (mm/yyyy)

What was your primary job function? (Check one.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Government Affairs | <input type="checkbox"/> Partner Programs |
| <input type="checkbox"/> Business Development | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Product Development |
| <input type="checkbox"/> Client Relations | <input type="checkbox"/> International/Global Relations | <input type="checkbox"/> Research |
| <input type="checkbox"/> Communications/PR | <input type="checkbox"/> Legal | <input type="checkbox"/> Risk Management |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Marketing | <input type="checkbox"/> Sales |
| <input type="checkbox"/> Distribution | <input type="checkbox"/> Media | <input type="checkbox"/> Strategic Planning |
| <input type="checkbox"/> Finance/Accounting | <input type="checkbox"/> Meetings | <input type="checkbox"/> Technology |
| <input type="checkbox"/> General Office Management | <input type="checkbox"/> Merchant Relations | <input type="checkbox"/> Training & Development |
| <input type="checkbox"/> Gift/Loyalty Programs | <input type="checkbox"/> Operations | <input type="checkbox"/> Other (specify): _____ |

What was your position/level within your company? (Check one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Chief Executive Officer | <input type="checkbox"/> General Manager | <input type="checkbox"/> Senior Vice President |
| <input type="checkbox"/> Chief Financial Officer | <input type="checkbox"/> Manager | <input type="checkbox"/> Staff/Sales Staff |
| <input type="checkbox"/> Chief Operating Officer | <input type="checkbox"/> Owner | <input type="checkbox"/> Vice President |
| <input type="checkbox"/> Chief Technology Officer | <input type="checkbox"/> Partner | <input type="checkbox"/> Other (specify): _____ |
| <input type="checkbox"/> Director | <input type="checkbox"/> President | |
| <input type="checkbox"/> Executive Vice President | <input type="checkbox"/> Principal | |

How many employees were in the company? (Check one.)

- 1-10 11-50 51-200 201-1,000 1,001+

What was your primary business? (Check one.)

- | | | |
|---|--|---|
| <input type="checkbox"/> ATM | <input type="checkbox"/> Electronic Payment Processing | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Insurance | <input type="checkbox"/> POS Equipment |
| <input type="checkbox"/> Card Association | <input type="checkbox"/> ISO | <input type="checkbox"/> Software |
| <input type="checkbox"/> Check Guarantee | <input type="checkbox"/> ISP/ASP | <input type="checkbox"/> Smart Cards |
| <input type="checkbox"/> Computer Equipment | <input type="checkbox"/> Sponsor ISOs | <input type="checkbox"/> Training and Education |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Legal | <input type="checkbox"/> Other (specify): _____ |

Education

Please provide education information for the highest level you have completed.

Institution Name: _____ City: _____ State/Province: _____

Country: _____ Degree Title: _____ Major/Concentration: _____

Type of Degree (circle): HS Diploma AA AS BA BS MBA MA MS PhD MD Doctorate

Degree Completed? Yes No/In Progress Date received: ____/____/____
(mm/yyyy)

Attended from: ____/____/____ to: ____/____/____
(mm/yyyy) (mm/yyyy)

Registry

I understand that ETA will maintain a registry of certified professionals that will be accessible to the general public via ETA's website. I agree to participate in such a registry using my name, city, and state as they appear in the demographic information section of my application. I understand that I may request a modification of my information at any time.

No, I do not wish to be included.

Yes, I wish to be included. Please include my name, city, and state as they appear in the demographics section of this application. In addition, please include the following contact information. (Select all that apply.)

<input type="checkbox"/> Email address as it appears on this application	<input type="checkbox"/> Work telephone number as it appears on this application.	<input type="checkbox"/> Cell telephone number as it appears on this application
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Candidate Attestation

Please read and sign the statement below. Candidates selected for audit will be asked to provide supporting documentation to verify the information contained in this application.

By signing this form, I accept the conditions set forth in the *ETA Certified Payments Professional Candidate Handbook*. I understand that I am subject to all policies concerning cancellations, refunds, transfers, deferrals, administration of the test, reporting of test scores, and the complete certification process and policies.

I understand that, in order to process my application, Castle Worldwide may verify my education, employment history, and/or professional references. I agree to cooperate in such a review and will allow others to provide information regarding my abilities and experience. I hereby solemnly declare and affirm, under the penalties of perjury, that the facts and matters contained in the following foregoing application are true and correct.

I agree with the above statement.

Applicant Signature: _____ Date: _____

ADA Request

I request special accommodations for the examination(s): Yes No

If yes, complete the following information.

Handicap accessible Reader Extended testing time (time and a half) Private room

Other (please specify): _____

Description of disability:

Written documentation of the disability from your doctor or another qualified medical professional, on the professional's letterhead, must accompany this registration form when being submitted to Castle. There is no extra fee for making these arrangements.

Membership Selection

Please choose one of the following.

ETA Member ETA Member Organization: _____

Non-member

** To receive the ETA member rate, you must be employed by a current ETA member company at the time of application. Enter your company information in the space provided.*

Note:

- ❖ **If your organization is paying for your testing session and will be submitting multiple applications with a single payment**, submit pages 1-6 of this application to your organization as directed. Do not submit your application directly to Castle.
- ❖ **If you are applying on your own and paying for your own testing session**, continue on to page 7 for testing deadlines and payment information. Submit your completed application, with payment, to Castle by the application deadline.

Testing Windows

The examination will be offered in month-long windows throughout the year. Upon successful completion of your application, including payment, you will be eligible to test in the next available testing window and will receive a Notice to Schedule (NTS) email when the scheduling period begins. If you miss the paper application deadline, your application will be reviewed for the next testing window.

Testing Window:	Paper Application Received By:
March 1-31	January 15
June 1-30	April 15
September 1-30	July 15
December 1-31	October 15

Payment Information

Exam fee: <input type="checkbox"/> ETA Member (\$350) <input type="checkbox"/> Non-member (\$450)	\$ _____
Paper application fee:	+ \$50
Total (add both lines above):	\$ _____

Cashier's check/money order payment enclosed: \$ _____
(Payable in U.S. funds to Castle Worldwide, Inc.)

OR

Credit Card Payment:

MasterCard Visa American Express Discover

Authorized Name on Card: _____ Amount to be Paid: \$ _____

Credit Card Account Number: _____ Expiration Date: _____/_____
(mm/yyyy)

Card ID Number: _____ Authorized Card Holder's Signature: _____

Candidate Name (if different from above): _____

Billing Address

Street Address 1: _____ Street Address 2: _____

City: _____ State: _____ Postal Code: _____

Country: _____ Telephone: _____

Please submit all application materials to:

Castle Worldwide, Inc., Attention: ETA Certification Exam, P.O. Box 570, Morrisville, NC 27560 USA