

Reapplication Form for Continued Eligibility for BGC Certification



Instructions: Please type or print clearly.

Certification Eligibility Requested CPPS QEP (CPPS Examination Window: EPI CPEA Spring Fall) CPSA

1. **Name.** Please advise us if your legal name has changed since entering a College or University, or since your first contact with the Board.

Ms. Mr. _____
 First/Given Name Middle Name Last/Family Name Previous Last/Family Name

2. **Address.** Indicate your preference for mailing & internet roster listing. (Check only one)

Business Name & Address _____

 Phone _____ Fax _____
 Email _____

Home address _____

 Phone _____ Fax _____
 Email _____

3. **Experience.** See Candidate Handbook for creditable experience. Information must be provided on this form.

From / / To _____
 MO / DAY / YEAR CURRENT Employer

Position Title _____ Percent time in Practice: _____

*Immediate Supervisor(s) who are providing references:

Name	Title	From MO/YR	To MO/YR
_____	_____	_____	_____
_____	_____	_____	_____

Description of Duties. Include work environments/operations.

*There must be a reference from the applicant's immediate supervisor(s) covering the entire time period for which the applicant requests experience credit. When an applicant is/was a principal in a business and has/had no supervisor, the Board will accept references from major clients.

I certify that the documents I have submitted are, to the best of my knowledge, accurate and truthful. I understand that any falsification in this application for BGC certification will be grounds for rejection, or for later revocation of any certificate issued. I understand that I am subject to the terms and conditions set out for applicants in your credential's candidate handbook in effect at the time of application. I also recognize my obligation not to reveal the contents of the BGC examination.

I agree to adhere, to the best of my ability, to the [BGC Code of Ethics](#) and be governed by the [Ethics Case Procedures](#) as published on the [BGC Website](#). If I am certified, I understand that I must pay annually such amount as the Board shall decide as a part of the Board's certification maintenance requirement.

Signature _____ Date _____

A nonrefundable re-application fee, payable to BGC, of \$150 (US funds) must accompany this re-application. An additional examination fee will be payable upon notification of admission to the examination. (CPPS reapplicants: This application and supporting materials must be postmarked no later than **January 15**, immediately preceding the Spring examinations and no later than **July 15**, immediately preceding the Fall examinations.) BGC does not discriminate among applicants as to age, sex, race, religion, national origin, disability or marital status.

I am submitting a [Test Accommodation Request Form](#) for a disability covered by the Americans with Disabilities Act as amended or other applicable laws.

Please mail, fax or email application to: BGC, 6005 West St. Joseph, Suite 300, Lansing, MI 48917
Fax: (517) 321-4624 **Email:** Applications@GoBGC.org