



Accredited Retirement Advisor[®] Credential Application

Please complete all sections of this two-page application and return with the requested documentation and application/exam fee to ACAT, 1010 N. Fairfax Street, Alexandria, VA 22314-1574; fax: 703-549-2984

(First Name) (Middle Name) (Last Name)
Address _____
City/State/Zip _____
Phone (_____) _____ Fax (_____) _____
E-mail _____ Other Designations Held _____
If applicable, National Society of Accountants membership number _____
If applicable, ACAT certificate number _____

I. 36 Hours CPE Credit: Serving Aging America Coursework; Elder Care CPE

- Enclosed are copies of my Certificates of Completion or transcripts for Serving Aging America
 Enclosed are copies of CPE Certificates of Completion or transcripts which show I have earned 36 hours CPEs in the field of elder care

The ARA examination is based on the blueprint for topics outlined on the website of the Accreditation Council for Accountancy and Taxation (ACAT), <http://www.acatcredentials.org/credentials/ARA.htm>. The Accredited Retirement Advisor[®] credential requirements include 36 hours of professional education related to the blueprint topics and a passing score on each of three exams, listed on the ACAT web site as Levels 1, 2, and 3.

II. Work Experience

- I have three years experience in work related to the practice of accountancy and/or taxation.

III. ARA Exams

To qualify for the ARA credential, a passing score is required on each of the three levels of the exam. Please indicate your passing score or if you are submitting an exam for grading.

I have either passed or am submitting the following ARA exams for grading:

Level 1: The Basics: Preparing You and Your Clients for Retirement

Passing Score Attached, Please Grade

Level 2: The Essentials of Estate and Trust Planning

Passing Score Attached, Please Grade

Level 3: The World of Financial Planning

Passing Score Attached, Please Grade

IV. Exam, Application & Credential Fee: \$150. The total fee is \$150 which includes grading of all three exams or a \$50 fee is due with each exam submission to ACAT.

Fees are nonrefundable and there is a \$50 fee for each exam retake. The ARA will be awarded when CPE and work requirements are met in addition to passing all three levels of the ARA Exam and payment of \$150 is made.

- \$150 Payment: Please grade all three exams
 \$100 Payment: Please grade two exams (indicate which exams above in section III)
 \$50 Payment: Please grade one exam (indicate which exam above in section III)
 My check or money order payable to ACAT is enclosed
 Please charge my credit card: American Express Visa MasterCard Discover

Account Number _____ Exp. Date _____ Security Code: _____
Signature _____

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V. Declaration

I, the undersigned, am applying for use of the service mark Accredited Retirement Advisor®. As a condition of being awarded the right to use the mark, I declare under penalty of perjury that the information contained in this application is true and correct. I further declare that:

1. I have not been convicted (nor entered a plea of nolo contendere) of any criminal offense under the revenue laws of the United States, or of any offense involving dishonesty, or breach of trust under Federal or state laws. Moreover, I have not been the subject of discipline with regard to my professional conduct by either Federal or state regulatory authorities, nor am I currently the subject of an investigation with regard to my professional conduct. If there is any exception to the foregoing, I have described the facts in detail on a separate attachment to this Declaration.
2. I have read and understand the ACAT Code of Ethics and agree to adhere to the provisions of the Code as they exist and as they may be amended from time to time.
3. I understand that along with authorization to use the mark I will receive the Guide for Use of the Credentials and agree to adhere to the provisions of the guidelines as they presently exist and as they may be amended from time to time.
4. I agree to be subject to the policies and procedures of ACAT and will follow those federal and/or state regulations that may be applicable.
5. I further understand and agree that ACAT has the absolute and unrestricted right to revoke my right to use the mark(s) if it finds, in accordance with policies and procedures as adopted and amended from time to time, that I have failed to comply with the agreements that I have made in this Declaration. I agree that ACAT has the unrestricted right to send ACAT communications to the email address and fax number I provide.

Signature _____ Date _____

CONTACT INFORMATION
Accreditation Council for Accountancy and Taxation
1010 N. Fairfax Street, Alexandria, VA 22314-1574
Toll free: (888) 289-7763; Fax: (703) 549-2984