# 2012 Renewal Application Instructions

## Maintaining Certification

Your SPARK ARPC and/or ARPS certification status is granted on a calendar year basis. Certification renewal is due at the end of each calendar year following the year in which the initial certification is earned. The 1-year renewal period was established based on the high frequency of changes in the rules and regulations in the retirement industry.

The annual renewal requirement was developed to ensure that individuals holding the SPARK ARPC and/or ARPS designation remain up-to-date with current industry rules and regulations and continually expand their knowledge of industry issues and practices. By requiring a minimum of **10 continuing education credits each year**, individuals who hold the ARPC and/or ARPS designation are continually exposed to current information directly related to advanced topics in the retirement planning industry.

## Continuing Education Requirements

To renew, individuals must earn credit for at least 10 hours of continuing education as an attendee or a presenter each calendar year. Courses may be taken online or in person. CE credit will be accepted for:

- Successful completion of a course, seminar, or workshop that is related to retirement plans and covers advanced topics. Examples of acceptable course topics include:
  - Plan design, plan investment strategies and enrollment programs.
- Attendance at a national or regional industry conference directly related to retirement plans. Examples of organizations that host acceptable conferences include:
  - SPARK, ASPPA, CFDD and NIPA.
- Participation in employer retirement plan educational sessions.
  *CE credit for employer sessions is limited to a maximum of 5 hours.*

## Supporting Documentation

To ensure the integrity of your SPARK ARPC and/or ARPS certification, all renewal applications must be **submitted with proof of content and attendance/completion for each CE program event**. Professional Development Solutions, LLC reserves the right to request additional documentation of any continuing education credits claimed on the renewal form. Failure to adequately document CE credits may result in loss or suspension of the designation.

- Acceptable proof of content is a descriptive outline or agenda.
- Acceptable proof of attendance/completion is an attendance certificate or certificate of completion, a signed letter from the presenter or event sponsor, or a seminar outline or agenda with a supervisor's verification of attendance.

An Attendance Verification form is attached and may be used to complete the proof of attendance requirement.

## Annual Renewal Fee

**The annual renewal cost is $125** (waived with a SPARK online CE course registration).

## Timing

Continuing education programs must be completed by December 31, 2012. The application and renewal fee must be received by Professional Development Solutions no later than January 31, 2013.

Professional Development Solutions, LLC
6 Edgewood Drive, Barrington, RI 02806
Email: r.graham@profdevsolutions.com or Fax: 401-429-6135

# 2012 Renewal Application Forms

## Applicant Contact Information

First Name MI Last Name

Company Title

Mailing Address

City State Zip

Phone Number Email Address

## Annual Renewal Payment

❒ Annual renewal payment waived with SPARK online CE course registration.
❒ Check enclosed payable to Professional Development Solutions, LLC, in the amount of $125.
❒ Charge to credit card as follows:

Card Type: ❒ Master Card ❒ VISA ❒ American Express ❒ Discover

Cardholder Name _____ Card Number _____

Expiration Date _____ Authorized Payment Amount _____$125.00_____

Cardholder Signature _____ Date _____

## Credit Card Mailing Address (*Only* if different from applicant address):

Mailing Address

City State Zip

**Final Checklist: Before submitting your renewal application, please be sure the following items are included:**

❒ Completed contact and payment information (Page 2)
❒ CE information with attached content verification, if applicable, for each CE course (Page 3)
❒ Non-SPARK CE attendance verification for each CE (Page 4)

**Return this completed form and attachments to:**
Professional Development Solutions, LLC, 6 Edgewood Drive, Barrington, RI 02806
Email: r.graham@profdevsolutions.com or Fax: 401-429-6135

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## Continuing Education Information

First Name MI Last Name

Company Title

❒ **SPARK Online CE Course**: _____ No. of CE Hours: 5

❒ **SPARK Online CE Course**: _____ No. of CE Hours: 5

❒ **Name of CE Program:** _____ No. of CE Hours: _____

Sponsoring Organization: _____

Type of Program: ❒ Online Training ❒ Classroom Session ❒ Conference /Seminar ❒ Other: _____

Date(s) of Class or Conference: _____ Role: ❒ Attendee ❒ Presenter

Verifications: ❒ Content verification is attached ❒ Attendance verification is attached.

❒ **Name of CE Program:** _____ No. of CE Hours: _____

Sponsoring Organization: _____

Type of Program: ❒ Online Training ❒ Classroom Session ❒ Conference /Seminar ❒ Other: _____

Date(s) of Class or Conference: _____ Role: ❒ Attendee ❒ Presenter

Verifications: ❒ Content verification is attached ❒ Attendance verification is attached.

**To report additional CE Programs, please make copies of this form.**

**Certification and Signature**

I affirm that all information provided is accurate and complete, that appropriate CE credits have been earned during the time period stated above, and I authorize verification of this information. I acknowledge that I have read, understand, and abide by the policies in the Candidate Handbook concerning Continuing Education Credit requirements.

Signature Date

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## Attendance Verification

A separate *Attendance Verification* form should be completed for each instructor-led program (classroom session, conference and/or seminar) for which you are seeking credit. Please make copies of this form as needed. Submit *Attendance Verification* with the *Application for Continuing Education Credit*.

Name of CE Applicant

Name of CE Program

Sponsoring Organization | Date of Program

Sponsor Phone | Sponsor Email

Number of hours of qualifying instruction attended or taught: _____

Instructor or registrar name (please print):_____

I verify that the ARPC and/or ARPS certificant identified above was in attendance for the duration of time indicated.

Instructor or Registrar Signature | Date

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