

## Application Completion Instructions

A completed application must be submitted to apply for approval as a candidate for the SPARK Accredited Retirement Plan Specialist (ARPS) designation. The application must include the following forms which have been completed, signed and dated:

- Candidate Application
- Candidate Order Form

**Important:**

To demonstrate that you have completed the eligibility requirements, you must define your eligibility period (1 year of full-time experience in the financial services industry with at least 2,000 hours of which 25% of your time was spent on retirement plan products and services) and attach a recommendation from each of your supervisors during that period.

Incomplete applications will be returned to the applicant without consideration.

Complete applications will be reviewed for approval. Notification of approval/disapproval of the application will be provided by email within 10 business days of the receipt of the application.

Notification of approval of your candidacy will include instructions on how to schedule the ARPS exam.

## Special Accommodations

The ARPS designation program is committed to equal access for all certification candidates and complies with the Americans with Disabilities Act. Reasonable examination accommodations will be made at no extra charge to individuals with documented disabilities. Documentation must be submitted by candidates from a qualified professional and must include a written list of the requested exam accommodations. Should you require special accommodations, please contact the Certification Manager at [r.graham@profdevsolutions.com](mailto:r.graham@profdevsolutions.com).

## Fee Schedule

Nonrefundable Exam Fee	\$150
Application Fee (waived with purchase of SPARK online training program)	\$300
Retest Fee	\$150
Annual Renewal Fee (waived with purchase of a SPARK online CE course)	\$125
Reinstatement Fee	\$ 50
 Optional Training Fees*	
ARPS Manual (hardcopy)	\$125
Online courses including ARPS Manual (electronic)	\$800
Annual online CE course	\$125

\*For information regarding discounts and classroom training options, contact [v.henry@profdevsolutions.com](mailto:v.henry@profdevsolutions.com)

### Return your completed application and order form to:

Professional Development Solutions, LLC, 6 Edgewood Drive, Barrington, RI 02806

Email: [r.graham@profdevsolutions.com](mailto:r.graham@profdevsolutions.com) or Fax: 401-429-6135

## Applicant Contact Information

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First Name	MI	Last Name
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Company Name
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Position Title	Mailing Address
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City	State	Zip
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Phone Number	Email Address
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## Applicant Eligibility Information, Certification and Signature

- I have completed 1 year of full-time experience in the financial services industry (at least 2,000 hours, of which 25% of my time was spent on retirement plan products and services) during the following period:

Eligibility Period: \_\_\_\_\_  
Start Date Completion Date

- I certify that all information provided in this application is accurate and complete, authorize verification of this information and apply for acceptance as a candidate for the SPARK Accredited Retirement Plan Specialist (ARPS) designation.

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Applicant Signature	Date
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## Supervisor Information

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First Name	MI	Last Name
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Position title	Mailing Address
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City	State	Zip
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Phone Number	Email Address
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## Supervisor's Certification and Recommendation

- I certify that I am/was the applicant's supervisor, and while reporting to me, the candidate had, in the positions identified above \_\_\_\_\_ years of full-time experience in financial services, with at least \_\_\_\_\_% of that time spent working on retirement plan products and services. (I understand that 1 year of full-time experience is defined for these purposes as at least 2,000 hours, and that qualifying work experience includes sales of retirement products, providing customer service related to retirement products, marketing, and providing participant servicing.)
- I recommend this applicant for acceptance as a candidate for the SPARK Accredited Retirement Plan Specialist designation, and certify that all information provided on this form is accurate and complete to the best of my knowledge. I am willing to be contacted by SPARK for verification of this information.

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Signature	Date
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