



CD-ROM Training Completion Form

Complete one form for each student for a Certificate of Training only. Please attach a printed copy of the program scorecard for each CD-ROM program completed, and send to ACA with required administrative fee(s). The scorecards will not be returned. A Certificate of Training will be sent to the listed supervisor. To learn more about earning the Professional Collection Specialist (PCS) designation, visit our Web site at www.acainternational.org/campusaca.

Applicant Information (Please Print)

Name: _____ Date: _____
Company: _____ Applicant's work E-mail: _____
ACA Member ID: _____ Phone: _____
Mailing Address: _____
City, State, Zip: _____

- I am a third-party debt collector.
- I am a first-party debt collector.

CD-ROM Training Program Completed

Date Completed

FDCPA: A Framework for Compliance Version 8.2 _____
 Professional Telephone Collectors' Techniques (PTCT) Version 5.0 _____
 Professional Telephone Collectors' Techniques (PTCT) Video _____

Administrative Fee: \$25.00 per program

FDCPA CD: _____ **PTCT CD:** _____ **PTCT Video:** _____ **TOTAL:** _____

Method of Payment

Check Enclosed
 Visa MasterCard
Card Number _____ Exp. Date _____
Cardholder's Name (Please Print) _____
Cardholder's Signature _____

Training Supervisor's Name (Please Print) _____

Training Supervisor's E-mail Address _____

Training Supervisor's Signature _____

Applicant Signature _____

Return completed training form, worksheets, and test scores to:
Fax: +1(952) 922-6402
Campus ACA
PO Box 390106, Minneapolis, MN 55439-0106
E-mail: Campusaca@acainternational.org