

APA® INDIVIDUAL ANNUAL REGISTRATION AND ASSESSMENT FORM

Council of Petroleum Accountants Societies (COPAS)

Board of Examiners / COPAS Office

PO Box 21272, Wichita, KS 67208-7272

877-992-6727 or APAAdministrator@copas.org

Completed FORM and applicable FEE must be received in the COPAS Office annually by March 31

SECTION ONE: APPLICANT INFORMATION

NAME:

ADDRESS:

EMAIL:

DAYTIME PHONE:

Address Change Name Change *A copy of appropriate legal document must accompany name change.*

In the past 12 months, have you been charged with or convicted of a felony? YES NO

In the past 12 months, have you had any other certificate of any other state, territory or foreign country canceled, revoked, or suspended or been refused renewal of a license or permit? YES NO

If YES, attach a written explanation.

SECTION TWO: EMPLOYMENT VERIFICATION

Are you actively involved in the petroleum industry as an employee or consultant? YES NO

If YES, complete Section Three: Active Status.

Have you retired or left the petroleum industry AND reached age 55 as of April 1 of last calendar year? YES NO

If YES, complete Section Four: Retired Status.

Have you retired or left the petroleum industry and are UNDER age 55 as of April 1 of last calendar year? YES NO

If YES, complete Section Five: Inactive Status.

SECTION THREE: ACTIVE STATUS

JOB DUTIES:

EMPLOYER NAME/ADDRESS:

CONTINUING EDUCATION: Thirty (30) hours of CPE are required over a two (2) year period with a minimum of five (hours) for each calendar year.

I certify that I have completed _____ qualifying continuing education hours during the calendar compliance year of January 1, 20____ through December 31, 20 ____ . **Provide list of CPE on page two of this document.**
(I understand I must maintain sufficient documentation in my files for a period of five years to support this statement and I must submit documentation to the Board if requested to do so.)

OR

I successfully passed the APA® exam in the last completed calendar year.

FEE SCHEDULE: **\$100** (After March 31, add \$25. After June 30, add \$75. If all fees are not paid by September, accreditation will be revoked.)

SECTION FOUR: RETIRED STATUS

I certify that I have reached the age of 55 and am not actively practicing in petroleum accounting, auditing, consulting services or any other technical service relating to the petroleum industry. I understand that in order to regain Active status, I must comply with the reinstatement policy outlined in the APA® Certification Candidate Handbook.

FEE SCHEDULE: **\$50** (After March 31, add \$25. After June 30, add \$75. If all fees are not paid by September, accreditation will be revoked.)

SECTION FIVE: INACTIVE STATUS

I certify that I am not actively practicing in petroleum accounting, auditing, consulting services or any other technical service relating to the petroleum industry. I understand that in order to regain Active status, I must comply with the reinstatement policy outlined in the APA® Certification Candidate Handbook.

CONTINUING EDUCATION: A minimum of five (5) hours are required annually to maintain Inactive status. **Provide list of CPE on page two of this document.**

FEE SCHEDULE: **\$100** (After March 31, add \$25. After June 30, add \$75. If all fees are not paid by September, accreditation will be revoked.)

SIGNATURE

I certify that all of the information provided on this registration is true and correct.

SIGNATURE:

DATE:

Check here if you DO NOT want your name made available to the public as an APA®

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PAGE TWO – CONTINUING EDUCATION REPORTING

School, Firm or Organization Conducting Program	Location of Program	Title or Description of Program	Principle Instructor	Mo/Day/Year Attended	CPE HOURS
TOTAL CPE HOURS					

Attach Separate Page for Additional Courses. See APA® Certification Candidate Handbook for types of CPE that qualify or contact the APA® Administrator.