



# CPM Certification Reinstatement Application

CPA Number: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**Preferred Mailing Address:**

Address: \_\_\_\_\_

City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**REINSTATEMENT OF CPM CERTIFICATION**

An individual with a withdrawn Certified Payroll Manager (CPM) certification may apply for reinstatement of their CPM certification within **three years** following the date of withdrawal of certification by:

1. Completing the CPM reinstatement Case Study.
2. Paying a reinstatement fee of \$200 plus applicable taxes.
3. Joining, or maintaining membership with, the Canadian Payroll Association and paying applicable annual membership dues.

**Note: For further detailed information please review the reinstatement information available at [www.payroll.ca](http://www.payroll.ca) → Certification → Certification Reinstatement.**

Membership Application Forms can be found at [www.payroll.ca](http://www.payroll.ca) → Membership → Become a Member Today.

Fee	5% GST AB, BC, MB, NT, NU, SK, YT	13% HST ON	5% GST 9.975 QST QC	15% HST NS,NB, NL	14% HST PE
\$200.00	210.00	226.00	229.95	230.00	228.00

Cheque (payable to: The Canadian Payroll Association)  Personal  Company  Money Order

Credit Card (VISA, MC, AMEX) #: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_  
MM YY

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**I agree to comply with the ongoing requirements of certification.**

I, \_\_\_\_\_ (First Name, Last Name), confirm that by signing this form I understand that the CPM certification will be reinstated only upon successful completion of all of the requirements listed on the Certification Reinstatement Application. I also understand that I must comply with the following three requirements in order to maintain certification with the CPA:

*The CPA reserves the right to change prices and/or product/service entitlements without notice.*



## CPM Certification Reinstatement Application

1. Maintain a membership with the CPA through a Professional [individual] Membership **or** through the Organization Membership of my employer;
2. Adhere to the CPA's Code of Professional Conduct; and
3. Meet the Continuing Professional Education (CPE) requirements.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Send your Certification Reinstatement Application package to:

The Canadian Payroll Association National Office  
c/o Certification Department  
1600 - 250 Bloor Street East  
Toronto, ON M4W 1E6

Fax: 416-487-3384

Email: [certification@payroll.ca](mailto:certification@payroll.ca)

**Your Certification Reinstatement Application package should include:**

- ✓ Successful Case Study result e-mail, or if unsuccessful on the Case Study, a copy of your Introduction to Payroll Management and Applied Payroll Management transcripts completed within **three years** following the date of withdrawal of certification
- ✓ Membership application form (if applicable)
- ✓ Completed CPM Certification Reinstatement Application Form

**Note: Incomplete Certification Reinstatement Application packages will not be processed and will be discarded. Please ensure that all steps listed above have been completed prior to submission.**

The Canadian Payroll Association – Certification Department  
1600 – 250 Bloor Street East, Toronto, ON M4W 1E6

**Fax: 416-487-3384**

**Email: [certification@payroll.ca](mailto:certification@payroll.ca)**

GST/HST # R100769918 / QST# 1013458720

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