

# PLP Designation Reinstatement Application

NPI Number: \_\_\_\_\_

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

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

**Preferred Mailing Address:**

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

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

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

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

**REINSTATEMENT OF PLP CERTIFICATION**

An individual with a withdrawn Payroll Leadership Professional (PLP) designation may apply for reinstatement of their PLP designation within the **three years** following the date of withdrawal of designation by:

1. Completing the PLP reinstatement Case
2. Paying a reinstatement fee of \$200 plus applicable taxes.
3. Joining or maintaining membership in National Payroll Institute 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).**

Membership Application Forms can be found at [www.payroll.ca](http://www.payroll.ca).

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

**Note:** We do not accept payments by Visa/MasterCard Debit.

Cheque (payable to: The National Payroll Institute)  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 designation.**

I, \_\_\_\_\_ (First Name, Last Name), confirm that by signing this form I understand that the PLP designation will be reinstated only upon successful completion of all of the requirements listed on the Designation Reinstatement Application. I also understand that I must comply with the following three

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requirements in order to maintain designation with National Payroll Institute:

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

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

Send your Designation Reinstatement Application package to:

National Payroll Institute  
Professional Accreditation  
1600 - 250 Bloor St. E.  
Toronto, Ontario M4W 1E6

Fax: 416-487-3384

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

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

- ✓ Successful Case Study result e-mail, or a copy of your Introduction to Payroll Management and Applied Payroll Management transcripts
- ✓ Membership application form (if applicable)
- ✓ Completed PLP Designation Reinstatement Application Form

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

National Payroll Institute – Professional Accreditation Department  
1600 – 250 Bloor Street East, Toronto, ON M4W 1E6

**Fax: 416-487-3384**

**Email: [credentiaing@payroll.ca](mailto:credentiaing@payroll.ca)**  
GST/HST # R100769918 / QST# 1013458720

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