

## Application for CAPPA Certificate

**\*\*Classroom students; please submit form to your instructor\*\***

**Online and distance learning students; please email form to [ogpa@sait.ca](mailto:ogpa@sait.ca).**

All information provided will be verified by the school's program coordinator. Incomplete or illegible applications will delay processing of your certificate. PRINT CLEARLY. Circle which training you received:

**Full-time Classroom      Online      Part-time Classroom      Distance Learning**

**Program Completion Date:** mm / dd / yyyy

**Certificate Issuance Fee (this fee includes CAPPA New Grad Membership for one year)**

- \$79.00 + GST Current Members       \$188.00 + GST Non-members

To pay fees online go to <https://cappa.wildapricot.org/event-2944582> or call the CAPPA Office at 403-265-1533

**Personal & Program Information - Certificates are considered legal documents; use your legal name**

Student ID# \_\_\_\_\_ Petrinex Training ID \_\_\_\_\_  
(First name) (Last name)

Surname: \_\_\_\_\_ First name: \_\_\_\_\_ Middle: \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ Business: \_\_\_\_\_

Email: \_\_\_\_\_

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

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

***Please indicate how you would like your name to show up on the certificate.*** PRINT CLEARLY.

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*In signing this form, I am aware that I must complete all requirements for CAPPA certification including: CAPPA Certificate Program courses, Financial Accounting course pre-requisite, Excel (effective September 1, 2019 for student enrollment after June 30, 2019) and the Petrinex Training Modules as described in the course "Read Me First" document.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

*The personal information you provide on this form is collected under the authority of the Technical Institutes Act and the Freedom of Information and Protection of Privacy Act of the Province of Alberta, Section 32(c). By my signature below, I grant SAIT permission to report completion of all required levels of CAPPA to a designated CAPPA representative for the sole purpose of fulfilling the CAPPA Certification Requirements.*

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Office/School use only**

*Date of Successful completion of the Financial Accounting course pre-requisite:* \_\_\_\_\_

*Educational Institute Provider Name:* \_\_\_\_\_

*Course name:* \_\_\_\_\_

*Passed CAPPA final exam: Yes / No      Final CAPPA Level Student passed:* \_\_\_\_\_

*School Rep initial:* \_\_\_\_\_ *Petrinex Modules completed:* \_\_\_\_\_

*Certificate printed on:* \_\_\_\_\_ *Certificate mailed on:* \_\_\_\_\_