



OFFICIAL REGISTRATION FORM

Certification Exam Preparatory Course

Use this form to register preparatory course for ACAC certification exams. Registered courses will be listed on the ACAC website in a database searchable by certification candidates. Providers of registered courses receive advance notice of changes to ACAC certification exams.

Registration is free of charge. Please mail or email application to: **The American Council for Accredited Certification, PO Box 1000 Yarnell, AZ 85362** email: julie@acac.org

ALL FIELDS ARE REQUIRED. INCOMPLETE APPLICATIONS WILL NOT BE REGISTERED.

Full Name of Course Provider: _____

Full Name of Sponsoring Organization (if any): _____

Provider Address (including Postal Code): _____

Provider Phone: _____ **Provider FAX:** _____

Provider Contact E-Mail: _____

Direct hyperlink to Course webpage: _____

Course Title: _____

Date	Location (for separate presentations of the same event – MUST include zip code)				Course Hours
	Street	City	State	ZIP	
	Street	City	State	ZIP	
	Street	City	State	ZIP	

(Use a separate sheet if necessary)

Disclaimer: The ACAC does not audit, approve or provide oversight of course content. Registration of courses does not warrant the accuracy, validity or reliability of the course materials or their presentation. Course providers may not use words such as “approved,” “endorsed,” or “authorized” in describing their relationship with ACAC, nor may they use this registration to imply that their courses have been audited or examined. Use of the word “registered” is acceptable.

Affidavit: I agree to make every effort to clarify the distinction between ACAC certification programs and any other certification programs I may be involved with. In particular, I agree not to imply that my course completion certificate represents an ACAC certification, and to explain the ACAC certification process to individuals who take my course.

Provider Signature

Date