

# APICS Chapter Group Testing Agreement

All information requested below must be provided. Omission of any information may delay APICS' confirmation of the group testing administration request. A separate agreement must be completed for each group testing administration request.

CHAPTER NAME \_\_\_\_\_ REQUESTED GROUP TEST DATE \_\_\_\_\_

TEST SITE COMPLETE ADDRESS \_\_\_\_\_

TEST SITE CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CHAPTER GROUP TESTING COORDINATOR NAME \_\_\_\_\_

COORDINATOR'S DAYTIME TELEPHONE \_\_\_\_\_ COORDINATOR'S FAX NUMBER \_\_\_\_\_

COORDINATOR'S EMAIL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

SUGGESTED PROCTOR \_\_\_\_\_

PROCTOR'S DAYTIME TELEPHONE \_\_\_\_\_ PROCTOR' FAX NUMBER \_\_\_\_\_

PROCTOR'S EMAIL ADDRESS \_\_\_\_\_

**Please note:**

Chapter coordinator will receive confirmation notices from ACT, the rest vendor Proctor will receive test booklet and materials.

Write a total number next to the APICS CPIM exams your chapter will make available at the group testing administration. If your chapter will offer two exam sessions on the administration date, indicate below whether a particular exam will be made available during the morning session or the afternoon session. If only one session is required, the session will be held in the morning. APICS reserves the right to determine which exams will be offered in each session.

<b>APICS CPIM Exams</b>	<b>a.m.</b>	<b>p.m.</b>	<b>APICS CSCP Exams</b>	<b>a.m.</b>	<b>p.m.</b>
Basics of Supply Chain Management	_____	_____	APICS Certified Supply Chain Professional	_____	_____
Detailed Scheduling and Planning	_____	_____	APICS Certified Supply Chain Professional Retake	_____	_____
Master Planning of Resources	_____	_____			
Execution and Control of Operations	_____	_____			
Strategic Management of Resources	_____	_____			

*Your signature below confirms that your chapter and its representatives understand and agree to abide by the APICS Chapter Group Testing Policies and Procedures information, including but not limited to payment terms.*

CURRENT CHAPTER PRESIDENT (PRINT NAME) \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

CHAPTER PRESIDENT'S SIGNATURE \_\_\_\_\_

\*The current chapter president must sign this APICS Chapter Group Testing Agreement before APICS can accept a group testing request.



# Group Testing Payment Form

Please complete and return this form along with the APICS Chapter Group Testing Agreement and each completed APICS Chapter Group Testing Candidate Registration Form to APICS, Attn: Group Testing Manager, 8430 West Bryn Mawr Avenue, Suite 1000, Chicago, IL 60631.

CHAPTER NAME \_\_\_\_\_

REQUESTED GROUP TEST ADMINISTRATION DATE \_\_\_\_\_

## **Full Payment Amount Due at time of registration**

**(Note: APICS can accept only one payment for each requested group testing administration. Please do not forward candidates' payments.)**

Number of APICS CPIM exam registrations \_\_\_\_\_ X \$145 = \_\_\_\_\_

Number of APICS CSCP exam registrations \_\_\_\_\_ X \$575 = \_\_\_\_\_

Number of APICS CSCP retake exam registrations \_\_\_\_\_ X \$350 = \_\_\_\_\_

Total amount due to APICS \_\_\_\_\_

Canadian GST (5%), HST (13%)\* \_\_\_\_\_

Total amount enclosed \_\_\_\_\_

*Canadian Chapters: Please add the 5% Goods and Services Tax (GST) to the registration fee. If the administration will be held in any Maritime Province, please add the 13% Harmonized Sales Tax (HST) to the registration fee.*

## **Form of Payment** (Payment must be made in U.S. dollars and drawn on a U.S. bank.)

Check (made payable to APICS) Check number \_\_\_\_\_

Credit card  Visa  MasterCard  American Exp  Discover

ACCOUNT NUMBER \_\_\_\_\_

NAME AS IT APPEARS ON CREDIT CARD \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

SIGNATURE OF CREDIT CARD \_\_\_\_\_

Wire Payment  Amount wired US\$  Wire Date  Wire Reference Number

Bank name (bank that possessed the wire) \_\_\_\_\_

**Return this form along with the completed agreement form and each completed candidate registration form to APICS Group Testing, 8430 West Bryn Mawr Avenue, Suite 1000, Chicago, IL 60631.**

Email any questions to [grouptest@apics.org](mailto:grouptest@apics.org), or call APICS at (800) 444-2742 or (773) 867-1777 and ask for the certification group testing manager.

