



Canadian Professional
Sales Association
L'association canadienne
des professionnels
de la vente

PROFESSIONAL SALES CERTIFICATE

Mr. Mrs. Ms.

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Home Telephone: () Fax Number: () Email: _____

Post-Secondary Institution: _____

Education Program: _____

Name of Business/Sales and Marketing Instructor: Mr. Mrs. Ms. _____

Department: _____

Telephone: () Fax Number: () Email: _____

Please attach the transcripts for six Professional Sales Certificate courses which must include the following four compulsory courses: Communications, Consultative Selling Process, Marketing and Relationship Building/Customer Service.

Include the results for the two optional courses which could include: Account Management, Knowledge Management, Customer Value Creation, Sales and Technology, Sales Administration, Strategic Sales Planning, Time and Territory Management, Self-development and Business Acumen (Business Ethics, Law, and Accounting)

I hereby confirm the facts as indicated above.

Applicant Signature: _____ Date: _____

Instructor Signature: _____ Date: _____

Please attach:

Transcript(s) for required Professional Sales Certificate courses

Please Mail or Fax application to: Canadian Professional Sales Association
310 Front Street West, Suite 800,
Toronto, Ontario M5V 3B5
Toll: 1.888.267.CPSA (2772) T: 416.408.2685 F:416.408.2684