



2 BLOOR STREET EAST
HUDSON'S BAY CENTRE, SUITE 1920
P.O. BOX 116 , TORONTO, ON M4W 1A8

1 888 267 2772
cpsa.com | acpv.com

SALES CERTIFICATE APPLICATION CHECKLIST

Instructions for completing this form: Step 1) Fill out all sections of the form
Step 2) Gather the required documents
Step 3) Submit documents along with this form to institute@cpsa.com

Section 1: Personal Information

First name: _____

Last name: _____

Email: _____

Phone number: _____

Work or School Address: _____

Home Address: _____

Preferred language: English French

Please send correspondence to: Work/School Home

Section 2: Program Completion

I have completed a minimum of 35 hours of education or training in sales aligned to the Sales Professional Competency Framework.

Education or Training Provider: _____

Program(s): _____

Name of Sales Program Instructor: _____

Email: _____

Phone number: _____

Section 3: Checklist

I have attached the following to my application:

- Certificate of program completion; OR
- Course transcripts.