

# USPTA ADD Program

## Applicant Information Sheet

After you read the following information, please sign and date below. Your sectional contact must also sign this form. Enclosed is your *Application for USPTA membership*. Please disregard all statements and questions pertaining to fees.

A great deal of planning and preparation goes into the USPTA Certification Exam by the USPTA World Headquarters, the head tester, the host facility and students participating in the exam. Because of this, the following guidelines are in effect. Please read the information carefully and address any questions to your divisional/sectional contact or the USPTA Membership Department.

- You will have two years from the date you submit your application, to complete the certification process. If you do not, you will not be allowed to apply for the ADD program in the future.

By signing this document, I understand and agree to all conditions listed above.

Applicant Information:

Approved by:

(PRINT NAME) \_\_\_\_\_

(PRINT NAME) \_\_\_\_\_

(STATE OF RESIDENCE) \_\_\_\_\_

\_\_\_\_\_

(SIGNATURE)

(DATE)

(EMAIL) \_\_\_\_\_

(CONTACT PHONE) \_\_\_\_\_

\_\_\_\_\_

(SIGNATURE)

(DATE)

Optional: Please check the appropriate box identifying your particular race or ethnic group.

African-American  Asian-American  Hispanic  American Indian  Other \_\_\_\_\_



**7. If accepted into the ADD program, what are your future plans as a certified USPTA Professional?**

By signing this application, I certify that the information provided is true, accurate and complete.

Date: \_\_\_\_\_

Print or type name \_\_\_\_\_

Signature \_\_\_\_\_