

PSA Certification Testing Application

CSM or CCS

Please Print

Your Name: _____

Your Address: _____

City: _____ State: _____ Zip: _____

Your Telephone Number: _____

Your Employer: _____

Company Address: _____

City: _____ State: _____ Zip: _____

Work Telephone Number _____

Your Signature: _____

Please place a check next to the test you would like to take.

___ CCS - Certified Consumer Specialist (Only the Letter A Module is Required)

___ CSM - Full Certification for Certified Service Manager (All Modules are Required)

		Grade	Initials	Retest Grade	Initials
A.	Consumer Relations				
B.	Productivity				
C.	General Management				
D.	Employee Relations				
E.	Marketing				
F.	Accounting				
G.					
H.					

Name of Test Proctor: _____

Address: _____

City: _____ State: _____ Zip: _____

I certify that the candidate listed above has completed the exams without assistance and without any reference materials. The grades listed are true and accurate and bear my initials.

Signature of Test Proctor: _____