

# National Association of Plan Advisors Application for Credentialed Membership Reinstatement

*All credentialed members are subject to continuing education requirements of 10 credits (including 1 credit in Ethics/Professionalism) each one-year cycle. Membership in ARA must be renewed annually to retain credentials. For exceptions, please refer to the NAPA Continuing Education (CE) page at [www.napa-net.org](http://www.napa-net.org).*

Mr./Mrs./Ms. Name: \_\_\_\_\_  
(circle one) First MI Last (former name)

Company: \_\_\_\_\_ Company Owner's Name(s): \_\_\_\_\_  
(provide company name, even if home address is noted below)

Title: \_\_\_\_\_  I am the owner

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home  Business

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Zip Code (for government affairs purposes): \_\_\_\_\_

Work Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

### Application for:

- QPFC (Qualified Plan Financial Consultant)  CPFA® (Certified Plan Fiduciary Advisor)  NQPC™  (k)RS™

### Which professional credentials do you hold? (Choose all that apply)

- |                               |                               |                               |                               |                               |                               |                               |                               |                                       |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|---------------------------------------|
| <input type="checkbox"/> AAMS | <input type="checkbox"/> ARPC | <input type="checkbox"/> CFA  | <input type="checkbox"/> CIMA | <input type="checkbox"/> CRA  | <input type="checkbox"/> CRSP | <input type="checkbox"/> FCA  | <input type="checkbox"/> MSFS | <input type="checkbox"/> RIA          |
| <input type="checkbox"/> AEP  | <input type="checkbox"/> ARPS | <input type="checkbox"/> CFP  | <input type="checkbox"/> CLU  | <input type="checkbox"/> CRC  | <input type="checkbox"/> EA   | <input type="checkbox"/> FSA  | <input type="checkbox"/> PFS  | <input type="checkbox"/> RP           |
| <input type="checkbox"/> APA  | <input type="checkbox"/> ASA  | <input type="checkbox"/> CFS  | <input type="checkbox"/> CMFC | <input type="checkbox"/> CRPC | <input type="checkbox"/> ERPA | <input type="checkbox"/> MAAA | <input type="checkbox"/> RFC  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> APR  | <input type="checkbox"/> CEBS | <input type="checkbox"/> ChFC | <input type="checkbox"/> CPA  | <input type="checkbox"/> CRS  | <input type="checkbox"/> Esq  | <input type="checkbox"/> MCRS | <input type="checkbox"/> RFP  |                                       |

### Which position best describes your job function?

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Accountant/Plan Auditor | <input type="checkbox"/> Advisor – 403(b)/457 Plan   | <input type="checkbox"/> Institutional Trainer  | <input type="checkbox"/> Wholesaler (External) |
| <input type="checkbox"/> Actuary                 | <input type="checkbox"/> Attorney                    | <input type="checkbox"/> Recordkeeper           | <input type="checkbox"/> Other: _____          |
| <input type="checkbox"/> Advisor – 401(k)        | <input type="checkbox"/> Home Office (BD, RIA, DCIO) | <input type="checkbox"/> TPA/Plan Administrator |  |

### Which business most closely describes your place of employment?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Accounting                  | <input type="checkbox"/> Educational Institution | <input type="checkbox"/> Investment Consulting | <input type="checkbox"/> TPA             |
| <input type="checkbox"/> Actuarial/Employee Benefits | <input type="checkbox"/> Government Entity       | <input type="checkbox"/> Investment Provider   | <input type="checkbox"/> TPA – Producing |
| <input type="checkbox"/> Bank/Savings & Loan         | <input type="checkbox"/> Human Resources         | <input type="checkbox"/> Legal                 | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Brokerage                   | <input type="checkbox"/> Industry Training       | <input type="checkbox"/> Mutual Fund/DCIO      |  |
| <input type="checkbox"/> Computer/Software           | <input type="checkbox"/> Insurance Agency        | <input type="checkbox"/> Plan Sponsor          |  |
| <input type="checkbox"/> Consulting                  | <input type="checkbox"/> Insurance Provider      | <input type="checkbox"/> Recordkeeper          |  |

### Please indicate the SEC or state insurance license you currently hold:

- Series 6  Series 7  Series 65  State life or annuity insurance license: \_\_\_\_\_  
State License number

### Code of Conduct:

Have you been found guilty of a felony, violation of insurance or securities regulations or any violation of the code of ethics of any professional or business organization?

- No  Yes (If yes, explain on a separate attachment.)

I have read the NAPA Code of Professional Conduct and if my application is accepted I agree to abide thereby. I certify that the information provided in this application is true and correct to the best of my knowledge. (If you do not have a copy of the NAPA Code of Professional Conduct, please call the NAPA office to request one.)

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

### CE Verification:

I certify that my ARA Continuing Education (CE) Transcript contains the necessary credits to reinstate my inactive credential(s) (10 credits, including 1 ethics, earned within the 12-month period preceding the submission of this reinstatement application). It is my responsibility to self-report any non-ARA CE and verify all entries in my transcript are both accurate and meet ARA CE guidelines. (If you have any questions regarding your CE, call the NAPA office at 703.516.9300)

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

Payment Information:

Payment Date:

Jan. 1 – June 30  
July 1 – Oct. 31  
Nov. 1 – Dec. 31

Affiliated with a Firm Partner:

Dues waived through 12/31/2024  
 Dues waived through 12/31/2024  
 Dues waived through 12/31/2024

Not Affiliated with a Firm Partner:

\$690  
 \$345  
 \$690 (Includes Next Year's Dues)

\$100 Reinstatement  
 \$78 NAPA Credential Maintenance Fee

I am paying by:

Check    Money Order    Mastercard    Visa    Amex    Discover

Name as it appears on card: \_\_\_\_\_

Card No.: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Remit Payments:

**Paying by check?** Please send your completed application to: NAPA, P.O. Box 34725, Alexandria, VA, 22334-0725.

**Paying by credit card?** Please fax your completed application to 703.516.9308 or email [accountsreceivable@usaretirement.org](mailto:accountsreceivable@usaretirement.org).

Dues appearing on this application are not valid after December 31, 2024.

**Questions?** Please call us at 800.308.6714.

Tax Deductions:

Dues, contributions or gifts to NAPA are not deductible as charitable contributions; they may be deductible, however, as ordinary and necessary business expenses. Federal law prohibits a tax deduction for the portion of membership dues attributable to lobbying expenses incurred by the organization. Consequently, for 2024, 15% of your dues are non-deductible in accordance with this provision.



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