



Maryland Public Purchasing Association, Inc.

Certification Examination Reimbursement

OVERVIEW AND INSTRUCTIONS

In an effort to further promote the objectives of the MPPA, effective January 1, 2006, the MPPA will offer reimbursement to MPPA members in good standing who successfully achieve CPPO, CPPB or C.P.M. certification.

Reimbursement will be limited to candidates who pay for the certification examinations themselves with no financial support for the exam fee from their employers. Candidates will be reimbursed for the exam fee only.

Upon successfully obtaining the certification, candidates must submit the attached application for reimbursement to the Recognition Chairperson.

Reimbursement shall be limited to one exam per member per calendar year. Members should request reimbursement within eight (8) weeks of obtaining their certification. Upon receipt and review of the required documentation, the Recognition Chairperson shall request reimbursement of the member from the Treasurer.

If reimbursement is denied, the member shall be so notified in writing by the Recognition Chairperson as the reason(s) for denial.

The Recognition Chairperson shall maintain a record of all member reimbursement requests and shall report such to the Board of Directors.

Revised December 2005



**Maryland Public Purchasing Association, Inc.
 Certification Examination Reimbursement
 Application**

This section to be completed by the applicant

Dear Recognition Chairperson:

Be advised that _____ has successfully achieved
Name

_____ certification as indicated on the attached UPPCC certificate. The
CPPO, CPPB, C.P.M

examination fee of \$_____ was paid by me personally by Check Credit Card
 and will not be reimbursed by my employer.

Applicant's Signature _____ Date _____

Applicant's Phone No. _____ Certificate Attached: Yes No

This section to be completed by the applicant's employer

Dear Recognition Chairperson:

Be advised that _____
Name of entity/jurisdiction and department

Address

did not pay the certification examination fee for the above applicant.

Employer's Signature _____ Date _____

Printed Name _____ Phone _____

For MPPA office use only

Recognition Chairperson initials: Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	Treasurer initials: Check No. _____ Date: _____
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