



JEWELERS OF AMERICA

- Mail, fax or email completed form & payment to:
- Jewelers of America
- 120 Broadway, Suite 2820
- New York, NY 10271
- Fax: (646) 658-0256
- Email: members@jewelers.org
- Questions?
- Phone: (800) 223-0673 toll free
- www.jewelers.org

PROFESSIONAL CERTIFICATION APPLICATION FORM

COMPLETE THE FOLLOWING (please print)

Name (as it should appear on certificate): _____ Date of Application _____

For JA Use Only

Title/Position _____ Years in Jewelry Sales _____

Phone _____ Email _____

Is your store a JA Member? Yes No If yes, indicate JA Member ID# _____

Company _____

Address _____

City, State, Zip Code _____

Phone _____ Fax _____

Acknowledgement

I hereby certify that all information on this application is accurate to the best of my knowledge and understand that continuing status requires recertification every five years.

Signature _____ Date _____

CERTIFICATION TEST LEVEL (Maximum of two hours for each level)

TESTING FEE

	Member	Non-Member
<input type="checkbox"/> JA® Certified Sales Professional (CSP) – First Level	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$75.00
<input type="checkbox"/> JA® Certified Senior Sales Professional (CSSP) – Second Level	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$75.00
<input type="checkbox"/> JA® Certified Management Professional (CMP) – First Level	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$75.00
<input type="checkbox"/> JA® Certified Senior Management Professional (CSMP) – Second Level	<input type="checkbox"/> \$55.00	<input type="checkbox"/> \$75.00
* Both First & Second Level Test required for Senior Level Certification (First Level is a pre-requisite for Second Level)		
<input type="checkbox"/> JA® Certified Senior Sales Professional (CSSP)* – First & Second Level	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$150.00
<input type="checkbox"/> JA® Certified Senior Management Professional (CSMP)* – First & Second Level	<input type="checkbox"/> \$110.00	<input type="checkbox"/> \$150.00

PROCTOR INFORMATION (if testing at your location)

Proctor Name _____ Title/Position _____

Address _____

City, State, Zip Code _____

Email _____ Phone _____

PAYMENT INFORMATION My check is enclosed, payable to Jewelers of America, Inc.

Please charge my: Visa MasterCard American Express TOTAL DUE \$ _____

Card Number _____ CVV _____ Exp. Date _____

Cardholder Name _____ Signature _____