Exam Preparation Provider Application Package

PART I: ORGANIZATION INFORMATION

Company Name: _____

Name to appear on GARP website (if different from above):

_____

Company Address: _____

City: _____ State: _____ Zip: _____

Country:_____

Company URL: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Please choose one: ☐ New Provider   ☐ Renewing Provider

Are you currently: ☐ Academic partner   ☐ Approved CPD Provider

PART II: INSTRUCTION TO BE OFFERED

Please choose one: ☐ ERP Part I   ☐ ERP Part II   ☐ ERP Parts I and II

Instruction will be: ☐ In-person   ☐ Online   ☐ Both

Location(s) of planned in-person Instruction (if applicable)

_____

_____

_____

_____

_____

_____

Should you have any questions, please contact us directly at academic.outreach@garp.com.

PART III: INSTRUCTION/PROMOTIONAL MATERIALS

Please list all materials (e.g., PowerPoint presentations, handouts, etc.) to be used for instruction, including all GARP materials, as well as materials to be used to promote your services.

_____

_____

_____

_____

_____

These materials were created: ☐ In-house   ☐ By a third party   ☐ Both

(Please include digital copies of all non-GARP instructional materials and promotional materials with this application package.)

PART IV: INSTRUCTOR INFORMATION

Please list all instructors of courses to be offered:

NAME	GARP ID (IF APPLICABLE)	CERTIFIED ERP?

(Please include a digital copy of the most recent CV for each instructor listed above with this application package.)

I represent and warrant that the information provided above and in support of this application is true and correct, and that I am a duly authorized representative of the provider below.

Company Name: _____

By (Signature): _____

Name (Printed): _____

Title: _____

Date: _____