



# Application

This form may be completed by typing directly into the body of the PDF document. Please submit your completed application, along with the \$295 application fee, a copy of your diploma/transcripts, and Qualifications Statement to:

**Turnaround Management Association**, 150 North Wacker Drive, Suite 1900, Chicago, Illinois 60606  
p: +1 312 578 6900, f: +1 312 578 8336, e: certification@turnaround.org

## PERSONAL INFORMATION

First Name	Middle Name	Last Name	Suffix
Date of Birth	Business		
Title			
Business Address	City	State	Zip
Business Telephone	Business Fax		
Home Address	City	State	Zip
Email	Preferred Method of Contact		

Contact information (if not provided above)

## REQUIREMENTS

I hereby apply for certification as a Certified Turnaround Professional and understand that my certification depends on my ability to meet all the requirements and qualifications and is subject to the approval of the Standards Subcommittee. I certify that the information contained in this application is true and correct. I further understand that if any information is later determined to be false, TMA reserves the right to revoke any certification that has been granted on the basis thereof.

Indicate your understanding of and agreement to comply with the following by checking the boxes that precede each statement:

- In making and filing this application for certification, I authorize all persons, firms and entities to furnish any relevant information that may be requested by the Turnaround Management Association in connection with the investigation of this application.
- I release and indemnify the Turnaround Management Association and its Board of Directors, officers and employees from any and all liability arising from the investigation and evaluation of this application, decisions relative to the granting of certification, continuing professional education requirements and standards of practice.
- I have never had a professional license or certification suspended or revoked.
- I acknowledge that all other sections, paragraphs and parts of this application are incorporated herein without specific reference.
- I have read and agree to comply with the Code of Ethics.
- I have read and agree to abide by the Rule and Regulations of the CTP and CTA Certification Programs.
- I am not under any SEC or criminal investigation by any government or regulatory authority, nor any other investigation or proceeding pending with any professional or certification entity. I understand if I am, I must fully disclose this and all details on a separate document.
- I have not been convicted of a felony.

By providing my handwritten or electronic signature dated below, I indicate my understanding of and agreement to comply with the terms of this application.

Applicant Signature

Date



---

### PREVIOUS EMPLOYER

Start Date	End Date	Company	Title
City		State	
Job Description			

---

### PREVIOUS EMPLOYER

Start Date	End Date	Company	Title
City		State	
Job Description			

---

### ADDITIONAL QUALIFICATIONS

Individuals who hold the CIRA designation offered through AIRA are exempt from the accounting and finance examination and those who have earned their Juris Doctorate and have passed a state's bar may waive the law examination. If you intend to waive either section, please check the box below and provide proof with your application.

- CIRA       Juris Doctorate