

PSPA Accreditation Program Certification Statement

In accordance with the requirements of the Professional School Photographers Association International™ (PSPA™) Accreditation program, we, _____, are
Company Name
required to conduct a background check in accordance with applicable federal and state law on all employees associated with the PSPA Accreditation program.

The company and the undersigned officer attest that we have completed the applicable background checks conducted by or on behalf of our company and allow PMA®/PSPA to release this corporate certification statement upon written request submitted to PMA/PSPA from potential clients.

We also agree that should questions arise concerning the details of such background checks, we will work cooperatively with PMA/PSPA to promptly resolve all such issues.

Printed Name

Signature

Title

Date

