



KAPPA ALPHA PSI FRATERNITY, Inc.
_____ PROVINCE

_____, Polemarch
_____ Province
Kappa Alpha Psi Fraternity, Inc.

Dear Brother _____:

We, the _____ chapter of Kappa Alpha Psi Fraternity, Inc., located at/in _____, are aware that by completing this form, we are applying for permission to begin the certification process. We also understand that by submitting this certification packet detailing the steps our chapter seeks approval to be a certified chapter for the fraternity year _____.

We acknowledge that deviations to the certification process are prohibited and will disqualify our chapter from the certification process.

Yours in the Bond,

(signed) Polemarch

(signed) Chapter Advisor

(signed) Intake Chairman

- cc: Senior Province Vice Polemarch
Junior Province Vice Polemarch
U/G – AL Board Representative
Province Membership Intake Chairman

KAPPA ALPHA PSI FRATERNITY, Inc.
 _____ PROVINCE



CERTIFICATION FORM

Date of Report: _____

Chapter: _____

Polemarch: _____ Date of Certification: _____

Criteria

Accomplished

*(Indicate Yes/No and make comments as necessary)
 (U/G – Undergraduate, AL – Alumni)*

1a. Has the chapter paid all International dues and assessments for each financial member listed on the International Headquarters' membership roster?	
1b. Has the chapter paid all Province dues and assessments for each financial member listed on the International Headquarters' membership roster?	
1c. Has the chapter paid the Grand Chapter Insurance Premium (due October 1 st of each year)?	
1d. Has the chapter complied with the Return of Ritual policy?	Yes/No
2. Has the chapter registered at least on delegate to the most recent Grand Chapter meeting (79 th Grand Chapter Meeting – Washington, DC)?	
Give year of last Grand Chapter meeting registered: _____ (if not registered for any Grand Chapter meetings, provide a statement as to why)	
	Yes/No
3. Has the chapter made annual (October 1 st) contributions to the Kappa Alpha Psi Foundation, Inc.? (make checks payable to Kappa Alpha Psi Foundation)	
	Yes/No

(U/G chapters: please enclose a check or copy of cancelled check for a **minimum** of \$50.00)

(AL chapters: give date of contribution of **minimum** of \$100.00 or send copy of cancelled check)

Date of contribution: _____ Amount of contribution: \$ _____

4. Does the chapter have a post office box or official address for correspondence? (Home addresses are not acceptable for U/G)

5. _____ Yes/No

Record PO Box (mailing address)

(U/G chapter only)

6. Does the chapter have proof of sufficient presence of a critical mass of qualified African American and other undergraduate students to sustain a chapter of at least seven men? (this information is in the Statement of Collaboration)

Yes/No

(U/G chapter only)

7. Does the chapter have a Statement of Collaboration or other documentation signed by an institutional official (e.g., Dean of Students, Greek Affairs Advisor) endorsing the presence of the chapter? (statement should be submitted as documentation)

Yes/No

(U/G chapter only)

8. Does the chapter have documentation from an institution official stating that the chapter abides by the host institution's rules and regulations? (this is in the Statement of Collaboration)

Yes/No

9. Does the chapter have proof of the presence of a campus Greek life advisor or other institution staff person (e.g., Director of Student Activities, NPHC advisor) responsible for advising the chapter? (this is in the Statement of Collaboration)

Yes/No

Name, Contact Information
(address/phone/fax/email)

<p>10. Has the chapter paid all province-level dues and assessments? (attach letter from Province Keeper of Records that chapter is in good standing with the Province)</p> <p style="text-align: right;">Yes/No</p>
<p>11. Has the chapter registered at least one delegate to the most recent annual Province Council?</p> <p style="text-align: right;">Yes/No</p> <p>Give date of last registration_____</p>
<p>12. Has the chapter Polemarch, Vice Polemarch, Keeper of Records, Keeper of Exchequer, Membership Intake Chairman, and Chapter Advisor attended and/or is C. Rodger Wilson Leadership Conference certified?</p> <p style="text-align: right;">Yes/No</p> <p>Give date of last CRWLC attended_____</p>
<p style="text-align: center;">(U/G chapter only)</p> <p>13. Does the chapter have an active, trained, effective, capable chapter advisor who must be financial on all levels of the Fraternity?</p> <p style="text-align: right;">Yes/No</p> <p style="text-align: center;">Record name(s), contact information (address/phone/fax/email)</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">_____</p>
<p>14. Did your chapter advisor attend the recent advisor workshop? (if did not attend, provide a statement why)</p> <p style="text-align: right;">Yes/No</p> <p>Give last date of last advisor workshop attended_____</p>
<p>15. Does the chapter have a history conducive to the principles and objectives of Kappa Alpha Psi (i.e., measures such as achievement, Guide Right, and more importantly, history of abuse to the Fraternity's rules and regulations will be evaluated by the Province Polemarch)?</p> <p>(include statement signed by chapter Polemarch/Advisor that chapter has current by-laws)</p> <p style="text-align: right;">Yes/No</p>
<p>16. Does the chapter have complete chapter archives containing items as specified in the Constitution & Statutes of the fraternity? Evidence from Advisor required.</p> <p style="text-align: right;">Yes/No</p>

(U/G chapter only)

17. Does the chapter have evidence that each member of the chapter has signed and returned the ***Personal Liability, Responsibility, and Compliance Form?*** (this form must be signed by every member of the chapter as well as the chapter advisor and submitted as documentation for certification.) Also attach an updated membership roster.

Yes/No

18. Does the chapter have at least one monthly chapter meeting, in accordance with the Constitution & Statutes of Kappa Alpha Psi? (for chapters that are active and functioning only)

Yes/No

Record day of week meeting is held: _____
(indicate one) Monthly / Weekly

Record place where meeting is held: _____

Record time when meeting is held: _____

19. Does the chapter conduct annual Guide Right and/or Social Action projects, such as Kappa League, Scholarship Programs, etc.?

Yes/No

Summarize Guide Right activity(ies):

- (1)
- (2)
- (3)
- (4)
- (5)

(attach additional pages as needed)

20. Does the chapter have adequate presence and ample support for the undergraduate chapter?

Yes/No

Name of Alumni Chapter of jurisdiction:

Polemarch: Contact Information

(name/address/phone/fax/email)

Advisor

