



Duplicate Certificate Request Form

Those currently holding a *Certification* through the Academy may request a duplicate copy of their certificate. A \$25.00 USD fee will be charged if the request is made more than three (3) months after the original certificate was issued. If you would also like a copy of your certificate faxed or e-mailed to you, please indicate that below.

*These requests can **only** be made by the current certificant.*

Please select all that apply:

I am requesting a duplicate certificate, and include my address and payment information below.

I am requesting that a duplicate certificate also be **faxed***

I am requesting that a duplicate certificate also be **e-mailed***

Certificant Name (*printed*): _____

Certificant Signature: _____ Date: _____

*Fax Number or E-mail Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

PAYMENT INFORMATION

Method of Payment: Check MC Visa AMEX (*check one*)

Credit Card Number: _____ Expiration Date: _____

Total Amount Due: \$ _____

Please return to us via e-mail at certification@acrpnnet.org, or fax it to +1.703.254.8102.