

Maintenance by Examination Form

Contact Information

Identification (ID) is required at exam entrance — your **first and last name** listed here must **exactly** match the **two** forms of ID required. Please see the [Certification Handbook](#) for requirements and examples of acceptable identification.

Your contact information will be updated in your ACRP profile as entered here.

First Name: _____ Middle (optional): _____

Last Name: _____

E-mail: _____ Phone Number: _____

Address: _____

City: _____ State/Province: _____ Postal Code: _____

Payment

The Exam fee is listed below. Please take note of the date and your membership status when submitting payment. This form must be received by the current *Certification Exam* application due date.

2018 Dates	Member Exam Fee	Non-Member Exam Fee
Early Bird Spring: Oct 16 – Dec 1, 2017 Fall: May 1 – Jun 15, 2018	\$300	\$350
Regular Dates Spring: Dec 2, 2017 – Feb 2, 2018 Fall: Jun 16 – Aug 17, 2018	\$325	\$400

I am applying for the following *Certification* exam period:

March 2018 Form and payment accepted October 16, 2017 – February 2, 2018
 (Certification expiration is date May 31, 2018)

September 2018 Form and payment accepted May 1, 2018 – August 17, 2018
 (Certification expiration is date November 30, 2018)

ACADEMY

OF CLINICAL RESEARCH PROFESSIONALS



Exam must be taken before Certification expires. I am applying for the following exam:

CCRC[®]

CCRA[®]

CPI[®]

Accepted forms of payment include check, credit card, or bank transfer. Contact ACRP at office@acrpnet.org for bank transfer details. *Select payment method below:*

Credit Card

Card Type: MasterCard Visa American Express

Card #: _____ Exp. Date: Month: _____ Year: _____

Name as it appears on card: _____

Cardholder's Signature: _____

Check (Check #: _____)

*Please make your check payable to **Academy of Clinical Research Professionals** and mail this form and payment via tracked courier service to:*

ACRP Certification Program
99 Canal Center Plaza
Suite 200
Alexandria, VA 22314

Agreement and Signature

By submitting this form, I am requesting to take the current exam prior to my *Certification* expiration date. I understand that I must schedule an exam appointment, pass the current exam and submit the results confirmation with an application for *Maintenance of Certification* prior to the expiration of my *Certification*.

Certificant's Signature: _____ **Date:** _____

Please allow ten (10) days for email confirmation containing important Exam scheduling details.

Fax to: +1.703.254.8102 or e-mail to: certification@acrpnet.org