ACADEMY
OF CLINICAL RESEARCH PROFESSIONALS

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.

2017 Dates	**Member Exam Fee**	**Non-Member Exam Fee**
Early Bird Spring: Oct 19 – Dec 1, 2016 Fall: May 1 – Jun 14, 2017	$300	$350
Regular Dates Spring: Dec 2, 2016 – Feb 3, 2017 Fall: Jun 15 – Aug 14, 2017	$325	$400

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

March 2017 — Form and payment accepted October 17, 2016 – February 3, 2017 (Certification expiration is date May 31, 2017)

September 2017 — Form and payment accepted May 1, 2017 – August 14, 2017 (Certification expiration is date November 30, 2017)

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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:*

Academy of Clinical Research Professionals
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