MAINTENANCE OF CERTIFICATION APPLICATION

ACRP

Please read the appropriate Maintenance Handbook to be certain you are submitting a complete application. Applications are accepted as early as four (4) months prior to your Certification expiration date. Early applications will not be accepted or retained.

Indicate your designated application period:

- ☐ February 1 – May 15 *(Your Certification expires this year, in May)*
- ☐ August 1 – November 15 *(Your Certification expires this year, in November)*

**All applications postmarked / faxed after the 15th of the month in which your certification expires, will be assessed a $75 late fee.*

I am applying to maintain my *(check all that apply)*:

☐ CCRC® ☐ CCRA® ☐ CPI®

Include with your application:

- ☐ Signature and Payment
- ☐ Report 24 Points Online

Allow ten (10) days for review then visit www.avectraacrp.com/certlist to verify Certification status.

CONTACT INFORMATION

First Name*: _____ Middle Name: _____

Last Name*: _____ Designation(s): _____
(e.g.: RN, MS, MD)

Preferred E-mail: _____

Preferred Phone Number: Select Number: _____

Preferred Mailing Address: Select Employer: _____

Title: _____ Address Line 1: _____
(include Building, Suite/Apt/Room number)

Address Line 2: _____ City: _____

State/Province: _____ Postal Code: _____

Country: _____

Please note: Your contact information will be updated in your ACRP profile as you have entered above.

ACADEMY OF CLINICAL RESEARCH PROFESSIONALS

The Academy of Clinical Research Professionals (The Academy) is an affiliate organization of the Association of Clinical Research Professionals.

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APPLICATION COSTS

Before applying, log on to http://www.acrpnet.org to verify your ACRP membership status and confirm the total amount due. Maintenance fees are non-refundable.

I am applying to maintain my *(select all that apply)*:

CCRC®	Select	$	0.00
CCRA®	Select	$	0.00
CPI®	Select	$	0.00

(ACRP members pay the Early Bird fee at all times.)

Click here to view Online fee Calculator.

Dual certificant's discount $ Select

(Applicable only when maintaining two designations)

Late Fee $75 $ 0.00

(if submitted after the 15th of the month in which your certification expires)

TOTAL Payment $ 225.00

PAYMENT METHOD

Accepted forms of payment include check, credit card, or bank transfer. *Select one below:*

☐ **Check** (Check #:_____)

Please make your check payable to ***Academy of Clinical Research Professionals****.*

Mail application and payment via tracked courier service to:

Academy of Clinical Research Professionals
Certification Program
99 Canal Center Plaza
Suite 200
Alexandria, VA 22314

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☐ **Credit Card**

Faxed or online applications will only be accepted with credit card information. Fax to +1.703.254.8102 or e-mail certification@acrpnet.org

Card Type: Select Card #:

Expiration Date (MM/YYYY): Billing Zip Code:

Name as it appears on card:

Signature:

☐ **Bank Transfer**

Use the following to arrange money transfer from your bank *(USD only)*:

Beneficiary:	Academy of Clinical Research Professionals
Beneficiary Address:	99 Canal Center Plaza Suite 200 Alexandria, VA 22314
Beneficiary Account Number:	389063835
Beneficiary Bank Address:	HSBC Bank USA, NA 120 Broadway New York, NY 10005
Swift Code:	MRMDUS33RTL
IBAN/ABA/Routing Number:	021001088

Mail the application and the receipt of bank transfer payment via tracked courier service to:

Mail to: Academy of Clinical Research Professionals
Certification Program
99 Canal Center Plaza
Suite 200
Alexandria, VA 22314

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AUTHORIZATION AND AGREEMENT

By submitting this Maintenance of Certification application, I acknowledge and affirm that the information I have provided herein is true and correct to the best of my knowledge, I understand and agree that the Academy of Clinical Research Professionals (Academy) may require documentation of any information included in my application—including my academic, continuing education, licensing, criminal, regulatory, and employment records—and may determine that I am ineligible for maintenance of certification if I fail to provide that documentation, and I authorize the Academy, Association of Clinical Research Professionals (ACRP), to access, obtain, and review my academic, continuing education, licensing, criminal, regulatory, and employment records without limitation. I hereby authorize all institutions in possession of my academic, continuing education, licensing, criminal, regulatory, and employment records to release those records and report the contents of those records to the Academy and ACRP; this authorization shall automatically expire three years after this application is submitted, or three years after the expiration of my Academy certification following my final maintenance cycle, whichever is later. Further, I agree to hold harmless, waive any and all legal claims against, and indemnify the Academy, ACRP, and the institutions releasing records or reporting their contents to the Academy or ACRP. I also understand that all fees submitted with this application are non-refundable for any reason including but not limited to program requirements not being met. I have also read and agree to abide to ACRP's Code of Ethics available online here.

Applicant's Signature: _____ Date: _____

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