

# MAINTENANCE OF CERTIFICATION APPLICATION



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:

- Your Certification expires this year, in May
- Your Certification expires this year, in November

*\*All applications postmarked / faxed after May 31 or November 30 of the year your certification expires will be assessed a \$75 late fee.*

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

- CCRC®
- CCRA®
- CPI®
- ACRP-CP®

## Include with your application:

- Signature and Payment
- Report 24 Points Online

Allow ten (10) days for review then visit [www.avectraacrp.com/certlist](http://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:  Number: \_\_\_\_\_

Preferred Mailing Address:  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.*



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®	<input type="text"/>	\$	<input type="text"/>
CCRA®	<input type="text"/>	\$	<input type="text"/>
CPI®	<input type="text"/>	\$	<input type="text"/>
ACRP-CP®	<input type="text"/>	\$	<input type="text"/>

**Dual certificant's discount** \$   
(Applicable only when maintaining two or more designations)

**Late Fee \$75** \$   
(if submitted after May 31 or November 30 of the year in which your certification expires)

**TOTAL Payment** \$

## 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](mailto:certification@acrpnet.org)

Card Type:  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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