SUPPLEMENTAL ELIGIBILITY INFORMATION FORM

*This form **must** be used to submit any additional information regarding work experience in order to determine Eligibility for an ACRP Certification Exam. Attach this form to any additional documentation.*

Applicant Name (printed)**:** _____

Date Additional Information Submitted: _____

When completed, RENAME this form to 'Supplemental Info DD/MM/YEAR'. Attach additional documentation and upload to your ACRP record:

1. Log onto the ACRP website at www.acrpnet.org with your email and password
2. Click 'My Account' and then 'My Profile'
3. Under My Account Links, click 'My Documents Uploads'
4. Select your file to upload and type a brief description, click 'Upload'
5. Notify reviewer immediately via email

Additional Information in Support of My Eligibility (check all that apply):

☐ I have initialized and dated the requested documentation and attached it to this form
☐ My additional information detailing support of my eligibility is attached to this form

By submitting this Supplemental Eligibility Information Form, I acknowledge and affirm that the information I have herein provided is true and correct to the best of my knowledge. I understand and agree that the original Authorization and Agreement statement that is part of my full Certification Application applies to this document as well.

Applicant's Signature: _____

Date: _____

Contact Method (email/phone)**:** _____

Have questions or need assistance? Contact us at Certification@acrpnet.org.