



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.

2021 Dates	Member Exam Fee	Non-Member Exam Fee
Early Bird Fall: May 15 – July 15, 2021	\$300	\$350
Regular Dates Fall: July 16 – September 30, 2021	\$325	\$400

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

Fall 2021

Form and payment accepted July 15 – September 30, 2021
(Certification expiration is date November 30, 2021)



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 150
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