CCRP® Certification Application

A completed Certification Application Portfolio must be forwarded to the SOCRA administrative office a minimum of six weeks prior to the test date. Upon approval, the applicant will receive a letter of acceptance and access to the CCRP Certification Program Reference Manual. Exam fees are refunded only if the application is unsuccessful. Please see **www.socra.org/certification** for more information on SOCRA CCRP® certification.

Eligibility Categories

In order to be considered for SOCRA certification, the experience must fall under one of the eligibility categories listed below. If an applicant is unable to document their experience, SOCRA will not be able to consider the application.

Please [✓] **1, 2, or 3**

1 [ ] Candidates having completed a **minimum of two years of full time employment** (or 3500 hours of part-time employment) **during the past five years** as a clinical research professional.

2 [ ] Candidates holding a **degree in "Clinical Research"** from an Associate, Undergraduate or Graduate Degree Program **AND** having completed a **minimum of one year of full-time experience** (or 1750 hours part-time) **during the past two years** as a Clinical Research Professional. *(Note: Requires Form 1011)*

3 [ ] Candidates holding an **Undergraduate or Graduate Certificate in "Clinical Research"** with a minimum of 12 semester (credit) hours or totaling a minimum of 144 credit hours from an academic institution of higher learning (community college, college or university) **AND** holding an **Associate's or Bachelor's Degree in a science, health science, pharmacy or related field AND** having completed a minimum of **one year of full-time experience** (or 1750 hours part-time) **during the past two years** as a Clinical Research Professional. *(Note: Requires Form 1022)*

Application Porfolio

IMPORTANT In order to be considered for SOCRA certification, an applicant must complete ALL fields below and provide ALL supporting documentation requested below. For questions regarding eligibility, please contact the SOCRA administrative office. Applications with discrepancies in employment documentation will not be approved. Please Check ✓ to verify completeness.

—— **Verification of Employment-** Include signed/dated letter(s) on institutional letterhead documenting the minimum work experience for the eligibility category. Include letters from EACH employer (supervisor or human resources) documenting EACH position. If required experience spans multiple positions and/or employers, multiple letters will be required.

—— **Letters must include:**
- Position title(s) applying toward eligibility
- Corresponding dates of employment for each position title
- Full-time or Part-time status for each position title (Include the number of hours/ percentage of time worked in clinical research related duties for each position title)

—— **Job Description(s) -** Include the official job description issued by each employer/institution for EACH position title documented in the letter(s) of reference.

—— **Form 1011 -** Only complete if applying under Eligibility Category **#2**. Find this form at **www.socra.org/certification**

—— **Form 1022 -** Only complete if applying under Eligibility Category **#3**. Find this form at **www.socra.org/certification**

—— **Resume or Curriculum Vitae -** Attach a current Resume or Curriculum Vitae (CV) documenting all relevant employment experience and educational accomplishments.

Indicate SOCRA membership ID* here _____ , or write "applied for" if you've recently applied for membership. *****Membership is not required to apply for the examination.

CCRP® Certification Application

Testing Format

Please ✓ one:

☐ **Paper & Pencil Requested Date** _____ **Time** _____ **Location** _____

**Applicants having special testing needs should contact the SOCRA administrative office to discuss testing requirements for persons with physical, sensory, or learning disabilities. Please list your needs _____

☐ **CBT (Computer Based Testing) @ PSI Test Center** (additional fee)

Candidate Information

Membership application for   Dr. _____   Mr. _____   Ms. _____   Mrs. _____

Name _____

(First, Middle Initial, Last, Degrees, Certifications)

Title _____   Company / affiliation _____

Department _____   Preferred: Office _____   Residence _____

Postal address _____

City _____   State/Postal area _____   Zip/mail code _____   Country _____

Ph _____   Fx _____   Alt _____   E-mail _____

*I attest that the information provided is accurate and understand that falsification or misrepresentation of my application information will invalidate my certification status.**

Candidate Signature _____   Date _____ *(MM/DD/YY)*

Application Fees

SOCRA is a non-profit (membership organization) corporation, Federal Tax ID # 61-1208981

	Payment In Full	**Installment Plan**	**Amount**
Member	$395*	$250 initial installment* ($100 in years 2 & 3)** Total = $450	_____
Non member	$450*	$300 initial installment* ($100 in years 2 & 3)** Total = $500	_____
Computer Based Testing	PLEASE ADD	$115 - USA, Canada, Mexico $175 - Other Countries	_____
Retest Fee Each retest within one year of your original test date	$200 paper & pencil $275 CBT		_____
TOTAL			_____

*All fees paid include a complimentary SOCRA membership upon successful completion of exam

(payable to SOCRA in U.S. Funds) Check # _____   or   **VISA ___   M/C ___   AMEX ____**

Account # _____   Exp. Date ____ / ____

Cardholder Printed Name _____   Billing Zip Code _____

Cardholder Signature _____