



FOR CLINICAL RESEARCH EXCELLENCE

CERTIFIED CLINICAL RESEARCH PROFESSIONAL APPLICATION FOR REINSTATEMENT

Please submit this form with a processing fee of \$50 U.S., attn: Certification Committee by:
fax: 215 822 8633 or
e-mail: recertification@socra.org or
mail: SOCRA 530 West Butler Ave., Suite 109 – Chalfont, PA 18914.

If required, you will be contacted by the SOCRA office regarding other issues relevant to this application.

Name _____

ID Number _____

Date Re-Certification was due** _____

**get this date from your e-mail

Application for reinstatement - Fee \$50

Checks (US Funds) payable to SOCRA

or

Credit card _____ exp date ____/____

Signature _____ Credit Card Zip Code _____

Please describe any extenuating circumstances you wish to be considered by the Certification Committee, which you feel might justify reinstatement as a certified clinical research professional.

Subsequent to reinstatement, the processing fee for the re-certification will be an additional \$350 (for three years certification) paid in full, or maybe broken into a three year payment plan.
