



CCRP Certification Form 1022

This form is for use by candidates applying under **ELIGIBILITY CATEGORY #3** on the SoCRA Certification Application

- Please review the eligibility categories prior to completing this form to assure that your experience meets the requirements to be considered as a candidate for SoCRA certification.
- This form is to be completed **ONLY** by applicants who meet the requirements for eligibility category # 3 (listed below).
- Do not complete this form if you have completed a minimum of 2 years of working experience as a clinical research professional during the past five years.

3. Candidates holding an **Undergraduate or Graduate Certificate in "Clinical Research"** with a curriculum of no less than 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.

INSTRUCTIONS:

Please complete the following information regarding your educational history and provide the documentation requested below. This form and documentation should be submitted to the SoCRA office along with the SoCRA certification application form and application portfolio.

IMPORTANT: In order to be considered for SoCRA certification, you must complete ALL fields below and provide ALL supporting documentation requested below. If you have questions regarding your eligibility, please contact the SoCRA office.

Certificate Program in Clinical Research

1. List the details of the program
 Full Title of Certificate Awarded _____
 University _____
 City _____ State/Province _____ Country _____
 Date Awarded _____

2. Attach a copy of your transcript showing that you have been awarded the above listed certificate
 3. Attach a copy of the program syllabus including course descriptions for required coursework

Degree in a Science, Health Science, Pharmacy or Related Field

1. List the details of the program
 Full Title of Degree Awarded _____
 University (Institution) _____
 City _____ State/Province _____ Country _____
 Date Awarded _____

2. Attach a copy of your transcript or diploma showing that you have been awarded the above mentioned degree

Candidate Information

PRINT NAME (First, Last) _____ Member ID _____

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)