



**SOCIETY OF CLINICAL RESEARCH ASSOCIATES**

**Certified Clinical Research Professional - Re-Certification Application**

Re-certification is required every three years and the candidate 1) must have completed 45 hours of Continuing Education applicable to their work in clinical research during the current three years of certification, and 2) must successfully complete a self-administered knowledge test that will be included with the three-year re-certification reminder package. Please complete the following information for each continuing education program to be applied to your re-certification. Please retain all original certificates of attendance and documentation for three (3) years and submit such documentation only when requested to do so for audit purposes. Please use additional copies of this form as necessary.

You will be given two opportunities to receive a passing score of 80% or greater. If you are unsuccessful after the second attempt, you will have the option to reapply to sit for the full certification examination under our current certification application/eligibility requirements.

***I hereby certify that hours claimed pertain to my current competency or further enhanced my clinical research knowledge and research abilities.***

Name \_\_\_\_\_

Member ID \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Total Hours claimed (at least 45) \_\_\_\_\_ Signature \_\_\_\_\_

Continuing Education Credit Record (please attach additional pages as needed)				
Date	Sponsor	Program Title	Course ID #	Contact Hours

Please make your **check** for the (*non-refundable*) processing and record keeping fee payable to "SoCRA" (Specify \$100.00 in US Funds if your check is drawn on a non-US bank).

If you are submitting the (*non-refundable*) processing fee by **credit card**, please complete the following and mail or fax this form with your application information to SoCRA.

VISA \_\_\_\_\_ M/C \_\_\_\_\_ Expiration date \_\_\_\_/\_\_\_\_ Amount \$ 100.00

Account number \_\_\_\_\_ Credit Card Zip Code \_\_\_\_\_

Signature \_\_\_\_\_ Print Last Name \_\_\_\_\_

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