



CCRP EXAM – HOSTING REQUEST FORM

EXAM DATE REQUESTED

EXAM TIME REQUESTED

EXAM REGISTRATION DEADLINE

(6 WEEKS PRIOR TO EXAM DATE)

LOCATION REQUESTED (CITY/STATE)

HOSTED BY

ROOM NAME & LOCATION (FLOOR/BLDG)

MAXIMUM ROOM CAPACITY (2 PER 6 FT. TABLE)

FACILITY NAME

ADDRESS

CITY

STATE

FACILITY PHONE

SECURITY PHONE NUMBER OF FACILITY

WEB ADDRESS (FOR FACILITY)

PREFERRED HOTEL

PHONE NUMBER

ADDRESS

PREFERRED AIRPORT

PARKING/OTHER TRANSPORTATION INFORMATION

ON-SITE CONTACT NAME (PRINTED)*

EMAIL

PHONE

CELL

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PLEASE NOTE:

- This form is for groups hosting the SOCRA certification exam, not for individual applicants.
- A minimum of **20 attendees** is required to schedule an exam.
- Please select an exam date at least 4 months out since the deadline for registration is six weeks prior to the exam. Choosing a date further out will allow for sufficient time for recruitment of the required 20 attendees.
- If less than 20 attendees sit for the exam, the institution will have to wait at least 2 calendar years to host another exam.
- SOCRA will advertise this exam on the website and in the SOCRA Source journal once it has been confirmed by the SOCRA office.
- You will need to arrange for a quiet space, appropriate for an exam setting. The room should be set 2 per 6-foot classroom style for a minimum of 25 attendees, with one table in the front of the room for the facilitator (see page 3)

*The On-site coordinator must be available the day of the exam to assist the exam proctor.

*The On-site coordinator is responsible for checking the room prior to the exam assuring set up is correct.

COVID UPDATE- By signing below you are assuring that all necessary precautions are being met in accordance with the Federal, State and Local COVID-19 guidelines. Hosting the exam, you and any volunteers assume all risks related to exposure to COVID-19 and agree not to hold SOCRA or any of their affiliates, directors, employees, or volunteers liable for any illness or injury.

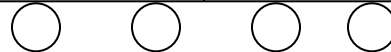
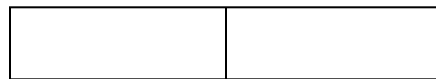
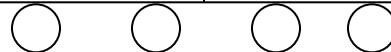
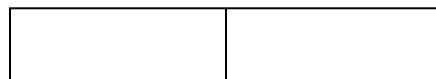
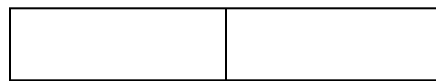
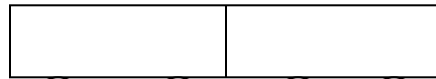
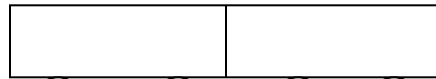
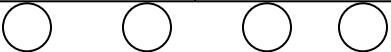
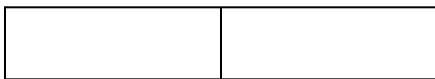
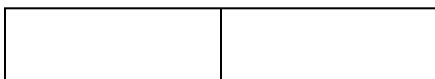
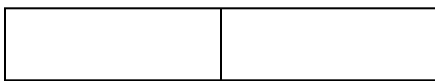
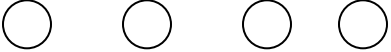
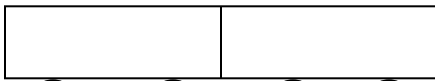
I AGREE TO ALL THE CONDITIONS STATED ABOVE

PEN OR ELECTRONIC SIGNATURE	
PRINTED NAME	DATE
TITLE	COMPANY
PHONE	EMAIL

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Head table for facilitator

2 per 6 ft 24" deep tables



PLEASE MAKE SURE THE ROOM HAS ABSOLUTE QUIET SETTING & FULL LIGHTING