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.

Degree Program in Clinical Research

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 showing that you have been awarded the above listed degree

3. Attach a copy of the program syllabus including course descriptions for required coursework

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)

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