

# CCRP® Certification Application

A completed **Certification Application Portfolio** must be forwarded to the SOCRA administrative office a minimum of six weeks prior to the test date. Upon approval, the applicant will receive a letter of acceptance and access to the CCRP Certification Program Reference Manual. Exam fees are refunded only if the application is unsuccessful. Please see [www.socra.org/certification](http://www.socra.org/certification) for more information on SOCRA CCRP® certification.

## Eligibility Categories

In order to be considered for SOCRA certification, the experience must fall under one of the eligibility categories listed below. If an applicant is unable to document their experience, SOCRA will not be able to consider the application.

Please  **1, 2, or 3**

- 1  Candidates having completed a **minimum of two years of full time employment** (or 3500 hours of part-time employment) **during the past five years** as a clinical research professional.
- 2  Candidates holding a **degree in "Clinical Research"** from an Associate, Undergraduate or Graduate Degree Program **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. *(Note: Requires Form 1011)*
- 3  Candidates holding an **Undergraduate or Graduate Certificate in "Clinical Research"** with a minimum of 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. *(Note: Requires Form 1022)*

## Application Portfolio

**\*IMPORTANT\*** In order to be considered for SOCRA certification, an applicant must complete ALL fields below and provide ALL supporting documentation requested below. For questions regarding eligibility, please contact the SOCRA administrative office. Applications with discrepancies in employment documentation will not be approved. Please Check ✓ to verify completeness.

— **Verification of Employment-** Include signed/dated letter(s) on institutional letterhead documenting the minimum work experience for the eligibility category. Include letters from EACH employer (supervisor or human resources) documenting EACH position. If required experience spans multiple positions and/or employers, multiple letters will be required.

— **Letters must include:**

- Position title(s) applying toward eligibility
- Corresponding dates of employment for each position title
- Full-time or Part-time status for each position title (Include the number of hours/ percentage of time worked in clinical research related duties for each position title)

— **Job Description(s)** - Include the official job description issued by each employer/institution for EACH position title documented in the letter(s) of reference.

— **Signed Ethics Statement:** Find this form at [www.socra.org/certification](http://www.socra.org/certification)

— **Form 1011** - Only complete if applying under Eligibility Category #2. Find this form at [www.socra.org/certification](http://www.socra.org/certification)

— **Form 1022** - Only complete if applying under Eligibility Category #3. Find this form at [www.socra.org/certification](http://www.socra.org/certification)

— **Resume or Curriculum Vitae** - Attach a current Resume or Curriculum Vitae (CV) documenting all relevant employment experience and educational accomplishments.

**Indicate SOCRA membership ID\* here** \_\_\_\_\_, or write "applied for" if you've recently applied for membership. \*Membership is not required to apply for the examination.

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## Testing Format

Please ✓ one:

**Paper & Pencil Requested Date** \_\_\_\_\_ **Time** \_\_\_\_\_ **Location** \_\_\_\_\_

\*\*Applicants having special testing needs should contact the SOCRA administrative office to discuss testing requirements for persons with physical, sensory, or learning disabilities. Please list your needs \_\_\_\_\_

**CBT (Computer Based Testing) @ PSI Test Center** (additional fee)

## Candidate Information

Membership application for Dr. \_\_\_ Mr. \_\_\_ Ms. \_\_\_ Mrs. \_\_\_

Name \_\_\_\_\_

(First, Middle Initial, Last, Degrees, Certifications)

Title \_\_\_\_\_ Company / affiliation \_\_\_\_\_

Department \_\_\_\_\_ Preferred: Office \_\_\_\_\_ Residence \_\_\_\_\_

Postal address \_\_\_\_\_

City \_\_\_\_\_ State/Postal area \_\_\_\_\_ Zip/mail code \_\_\_\_\_ Country \_\_\_\_\_

Ph \_\_\_\_\_ Fx \_\_\_\_\_ Alt \_\_\_\_\_ E-mail \_\_\_\_\_

*\*\*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)

## Application Fees

SOCRA is a non-profit (membership organization) corporation, Federal Tax ID # 61-1208981

	Payment In Full	Installment Plan	Amount
<b>Member</b>	\$395*	\$250 initial installment* (\$100 in years 2 & 3)** Total = \$450	_____
<b>Non member</b>	\$450*	\$300 initial installment* (\$100 in years 2 & 3)** Total = \$500	_____
<b>Computer Based Testing</b>	PLEASE ADD	\$115 - USA, Canada, Mexico \$175 - Other Countries	_____
<b>Retest Fee</b>			
Each retest within one year of your original test date	\$200 paper & pencil \$275 CBT		_____
<b>TOTAL</b>			_____

\*All fees paid include a complimentary SOCRA membership upon successful completion of exam

(payable to SOCRA in U.S. Funds) Check # \_\_\_\_\_ or VISA \_\_\_ M/C \_\_\_ AMEX \_\_\_\_\_

Account # \_\_\_\_\_ Exp. Date \_\_\_ / \_\_\_

Cardholder Printed Name \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholder Signature \_\_\_\_\_