

To be completed by applicant. (Please type or print clearly)

Exam Only Application

Upload to our secure Dropbox at
https://nrpa.leapfile.net
Or mail to (checks only):
National Recreation and Park Association
PO Box 5007
Merrifield, VA 22116-5007





The exam-only application is to be used by individuals who need to retake the CPRP or CPRE examination.

First Name:	MI:	_ Last Name:		-
Mailing Address:				_
City:		State:	Zip:	_
Home Phone:	Work Phone:			
Email Address:		NRPA Membe	er	
Select one: CPRP Exam CPRE Exa	m			
Do you have a disability that would require If yes, please complete the Special Accom	•			0
Examinat	tion only fee (r	non-refundable) - \$20	0	
Please make checks payable to: National Recreation and Park Associate	ion (NRPA). Credit card p	payments are only accepted through	.eapFILE	
O Check O Purchase order Credit	Card: O Visa O Ma	sterCard O American Express) Discover	
Credit Card Number:			Expiration Date:	
Name on Credit Card:			CVV:	
Signature:				
Billing Address:				
AGREEMENT TO ALL TERMS – I certify that all the knowledge. I further understand that false representification. I have read, understood and agree to National Certification Board to release my contact leadership, the media, and the general public.	sentation relative to comply with the	to any information will pree CPRP & CPRE Policies an	ovide the basis for withdrawal of d Procedures. I authorize NRPA and th	he
Signature	Date			
Please upload this form to our secure Dropbox at https://nrpa.leapfile.net				