

Office Use Only

Received:
Approved:
Exam Exp.Date:
Int'l site:

Cert Number:
ID Number:

NRPA CPRP Exam Application Computerized Test

**Please complete application and return with \$195 examination fee to
NRPA , 22377 Belmont Ridge Rd, Ashburn VA 20148 or Fax 703-858-0794,
or to your State Professional Certification Board (PCB)**

Direct National Certification is only for those that are employed by the military or federal government and those residing in Alaska, California, District of Columbia, Florida, Hawaii, Idaho, Minnesota, Montana, Nevada, North Carolina, Oregon, South Carolina, or Texas. If eligible for the exam, and do not reside in one of the states listed, please contact your state association.. Postcard/email will be sent from AMP testing company with instructions to set up a time and date to sit for the exam.

International test sites are available on a limited basis. For a list of International Assessment Centers , please paste this link into your browser http://www.goamp.com/sched/w_aspen_acn.display_map?p_exam_id=12403

Please complete both sides of the application. **Once your application is processed by your state PCB or DNC and your testing postcard and/or email have been sent from AMP, the testing company, you will be able to schedule your exam. You must take your exam by the date on your postcard, which will match the testing eligibility expiration date assigned to you by your state PCB or DNC office.** Refer to this test postcard/email from AMP to identify the phone number to call or website (www.goamp.com) to use to set up the date, time, and the location of your exam.

Please download a Certification Handbook from www.nrpa.org/certification. Please read carefully. This will explain the procedures, proper ways to prepare, and provide exam tips.

To be completed by applicant. (Please type or print clearly) 1st sitting Retake

Require international testing site? Yes _____ No _____

NAME Dr. Mr. Mrs. Ms.

Last First M.I.

Mailing Address

Street Apt #

City State Zip

E-mail Address _____

TELEPHONE Work (_____) _____ Home (_____) _____

Do you have a disability that would require special accommodations for taking the examination: Yes No
If yes, please complete the Special Accommodation Request Form, available at www.nrpa.org/CPRPforms

METHOD OF PAYMENT OF EXAMINATION FEE

\$195.00

Check (Payable to NRPA)

VISA MasterCard American Express

Money Order (Payable to NRPA)

Account # _____

Expiration Date _____

Signature _____

