



## **2016 CPRE Exam-only Application Form**

Return application to:

**National Recreation and Park Association**

CL#500007

PO Box 5007

Merrifield, VA 22116-5007

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

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

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ NRPA Member ☐ Yes # \_\_\_\_\_ ☐ No

Do you have a disability that would require special accommodations for taking the exam? ☐ Yes ☐ No

If yes, please complete the Special Accommodation Request Form, available at [www.nrpa.org/cpre](http://www.nrpa.org/cpre)

### **Examination Fee (Non-refundable) - \$195**

Please make checks payable to: National Recreation and Park Association (NRPA)

☐ Check      Credit Card:   ☐ Visa   ☐ MasterCard   ☐ 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 information given in this application is true and correct to the best of my knowledge. I further understand that false representation relative to any information will provide the basis for withdrawal of certification. I have read, understood and agree to comply with the CPRP/CPRE Policies and Procedures. I authorize NRPA and the National Certification Board to release my contact information and current certification status to appropriate park and recreation leadership, the media, and the general public.

Signature \_\_\_\_\_ Date \_\_\_\_\_