CAPRA ACCREDITATION TRAINING REQUEST FORM

Date Completed: _____

Host Organization: _____

Contact Name: _____ **Title:** _____

Address 1: _____

Address 2: _____

City: _____ **State:** _____ **Zip**: _____

Phone: _____ **Fax:** _____ **Cell:** _____

Email: _____

Requested Training Date: _____ **Training Time:** _____

Requested Training Type ☐ Agency Training ☐ Visitor Training ☐ Combined Training

Training Location: _____

_____

Training Fee: _____

Registration Link: _____

Signature: _____

I have read and understand the following:

- Host organization is responsible for the $1,250 Hosting Fee plus $25 per registrant, payable to NRPA.
- CAPRA Standards and Handbook are available for each participant at https://www.nrpa.org/certification/accreditation/CAPRA/overview-of-the-agency-accreditation-process/
- Payment for the training must be received within 30 days of training.
- Cancelation fees incurred due to the cancelling of a training by the host are the responsibility of the host.
- Requests to host the CAPRA Training must be approved by CAPRA Accreditation Manager.

OFFICE USE ONLY

Date Form Rcvd: _____ ***Date Payment Rcvd:*** _____ ***Date Roster Received*** _____