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 $800 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 NRPA Accreditation Manager.

OFFICE USE ONLY

Date Form Rcvd: ___________ Date Payment Rcvd: ___________ Date Roster Received ___________