



# 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: \_\_\_\_\_

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## 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.
- Cancellation 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 \_\_\_\_\_