

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 [CAPRA Training Program Hosting Process](#) document and following statement:

- Host organization is responsible for the \$800 Hosting Fee plus \$5 per registrant, payable to NRPA.
- CAPRA Standards and Handbook are available for each participant at <http://www.nrpa.org/Professional-Development/Accreditation/CAPRA/CAPRA-Policies/>
- 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 _____