



NATIONAL  
RECREATION AND PARK  
ASSOCIATION

## Exam Only Application



The exam-only application is to be used by individuals who need to retake the CPRP or 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

Select one:  CPRP Exam  CPRE Exam

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/cprp](http://www.nrpa.org/cprp)

### Examination only fee (non-refundable) - \$200

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

Check       Purchase order      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 \_\_\_\_\_

Please upload this form to our secure Dropbox at <https://nrpa.leapfile.net>  
Or return by mail: C/O Certification Staff 22377 Belmont Ridge Rd, Ashburn VA 20148