

## CPRP Recertification Form (Late Rate)

Please complete the fields below, then return to PRA via email ([certs@psychrehabassociation.org](mailto:certs@psychrehabassociation.org)) or fax (703-506-3266), or mail (7918 Jones Branch Drive Suite 300, McLean, VA 22102) for processing.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

CPRP/PRA ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

### CIRCLE YES OR NO

Have you completed a total of at least 45 contact hours of applicable continuing education and training? YES NO

Are at least half (22.5) of these hours from a PRA Approved Provider of Continuing Education? YES NO

*This is a requirement of your recertification, however PRA will not enforce it during this recertification cycle. Beginning with your next recertification cycle, you will be required to receive at least half of your contact hours from an Approved Provider or the Academy for Psychiatric Rehabilitation and Recovery (PRA online courses and/or conference).*

Have you completed at least 4 contact hours SPECIFIC to Ethics in the Helping Professions? YES NO

In the PAST 3 years, have you been denied another professional license or certification? YES NO

In the PAST 3 years, have you been subject to any sanction or revocation by a licensing or credentialing body? YES NO

Are there any pending complaints against you regarding your work in mental health? YES NO

Are you currently involved in any activity that may be considered a felony, and/or are you under any probation or parole for such activity? YES NO

If you have answered YES to any of the past 4 items, please provide a written explanation below:

Recertification candidates are required to be familiar with the current PRA Code of Ethics (found at <http://bit.ly/PRACodeOfEthics>) and are encouraged to reference it regularly (PLEASE NOTE: The PRA Code of Ethics was updated in May 2018). Do you agree to abide by the PRA Code of Ethics? YES NO

**CIRCLE YES OR NO**

I agree to abide by the laws and statutes of the legal jurisdiction(s) in which I will practice: YES NO

I understand that Recertification application fees are NON-REFUNDABLE and NON-TRANSFERABLE.: YES NO

I understand that, unless I have otherwise specified in writing to PRA, my contact information, including name, mailing address and email, may be provided to state and local chapters/affiliates of PRA to provide me with information on upcoming events that may benefit my professional development.: YES NO

I understand that PRA will maintain a directory of certificants that will include my name, city, state/province and phone number (all contact information will be related to place of employment).: YES NO

Are you completing this application on behalf of SOMEONE ELSE? YES NO

If Yes, indicate your name and relationship to the certificant:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

**By signing below, I certify that I understand the requirements of recertification, and that the information provided above is accurate and complete.**

Full Name of Recertifying CPRP: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information:**

Please **CIRCLE** your recertification fee

Current PRA Member: \$195

PRA Non-member: \$315

Membership + Recertification\*: \$320

\*PLEASE NOTE: If you select Membership + Recertification, PRA will ONLY charge \$320 IF you are becoming a new member, your membership has lapsed, or if your individual membership renewal is due within 6 months of receipt. If your membership is current, PRA will only charge \$195. If you send in a check and your membership is current, PRA will add one year to your membership.

**Payment Method (Please CIRCLE):** Check (Payable to PRA) Credit Card (VISA, MasterCard, Discover, or American Express)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

**Billing Address:**

Street and Unit: \_\_\_\_\_ City: \_\_\_\_\_

State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**Payment Authorization:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_