CPRP/CFRP Recertification Form

Please complete the form below and mail to PRA
212 E. LaSalle Avenue, Suite 220, South Bend, IN 46617 for processing.

First Name: ________________________________   Last Name: ________________________________

PRA ID Number: ____________________________   Email Address: __________________________________

Please select the credential you are recertifying:   ☐ CPRP  ☐ CFRP

- 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

  If half of your hours are not from a PRA Approved Provider, please submit this form and PRA will contact you with further instructions.

- 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:*
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- Recertification candidates are required to be familiar with 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

- I agree to abide by the laws and statutes of the legal jurisdictions(s) in which I will practice. □ Yes □ No

- I understand that reinstatement and 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 and 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: ___________________
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Confirmation: with my signature below, I certify that I understand the requirements of recertification, and that the information provided above is accurate and complete.

Full Name of Recertifying Individual: ________________________________________________________________

Signature: ___________________________________________________________  Date: ________________

Fees and Deadlines

Fee dates and deadlines:  Early (January 1 – March 31),  Regular (April 1- September 30),  Late (Oct. 1- Dec. 31)

☐ Current PRA Member  $129 (Early)  $145 (Regular)  $195 (Late)

☐ PRA Non-Member  $249 (Early)  $265 (Regular)  $315 (Late)

☐ Membership ($125) + Recertification*  $254 (Early)  $270 (Regular)  $320 (Late)

*You can only select membership + recertification if
  • you are not a current member
  • or your membership is expiring within six (6) months

Please make checks payable to PRA