# CPIA® Recertification by Continuing Education Application

## Contact Information

Name, Credential(s):

Title:  
Institution:

Address:

City/State/Zip:

Phone:  
Fax:  
Email:

Date of Most Recent Certification:  
Certificate Number (if known):

## Data & Privacy

PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.

**I want to participate in these research activities:**  
[ ] Yes  
[ ] No

*Canadian and EEA/EU Residents Only:* In accordance with Canada’s Anti-Spam Law and the General Data Protection Regulation, you must opt in to be added to our mailing list. By checking yes, you are providing express consent to receive messages from PRIM&R, including updates and promotions for PRIM&R products and events. You can withdraw your consent at any time by writing to us at 20 Park Plaza, Suite 1421, Boston, MA 02116, or via email at privacy@primr.org.

**I want to receive email from PRIM&R:**  
[ ] Yes  
[ ] No

## Responsibility Areas

*Select all that apply.*

- [ ] Attending Veterinarian  
- [ ] Conflict of Interest Personnel  
- [ ] Educator  
- [ ] Ethicist  
- [ ] Grants/Contracts Personnel  
- [ ] HRPP/IRB/REC Administrative Personnel  
- [ ] HRPP/IRB/REC Director/Manager  
- [ ] IACUC Administrative Personnel  
- [ ] IACUC Chair  
- [ ] IACUC Director/Manager  
- [ ] IACUC Member  
- [ ] IBC Administrative Personnel  
- [ ] IBC Chair/Member  
- [ ] IBC Director/Manager  
- [ ] IRB/REC Chair  
- [ ] IRB/REC Member  
- [ ] Laboratory Personnel  
- [ ] Media Representative  
- [ ] Nonaffiliated/Community/Non-Scientific Committee Member  
- [ ] Patient Advocate  
- [ ] Public Relations/Communications Personnel  
- [ ] Quality Assurance Personnel  
- [ ] Regulator/Policymaker  
- [ ] Regulatory Compliance Coordinator/Officer  
- [ ] Research Administrator  
- [ ] Research Counsel/Accorney  
- [ ] Research Personnel  
- [ ] Researcher  
- [ ] Student  
- [ ] Veterinary Personnel  
- [ ] Other:  

## Interest Areas

*PRIM&R uses these to segment our email lists so we can send you the email notifications that are most relevant to you.*

- [ ] Animal Care & Use/Animal Welfare  
- [ ] Human Subjects Protections — Biomedical  
- [ ] Human Subjects Protections — Social/Educational/Behavioral  

## Application Fees
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<thead>
<tr>
<th>Membership: Not a member yet? Add membership and receive member pricing!</th>
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<tr>
<td>□ PRIM&amp;R member rate</td>
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<tr>
<td>□ Nonmember rate</td>
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<td>□ One-year individual membership</td>
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**Payment Method & Submission**

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<th>Purchase Order</th>
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<td>Please include a copy of the purchase order with application. Your application will not be processed until the purchase order is received.</td>
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<td>If you are paying by check, please note that payment is expected before your application can be processed. Please make checks payable to PRIM&amp;R. Your application will not be processed until the check is received.</td>
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| Credit Card    | To keep your information secure, candidates who pay by credit card will be invoiced for secure online payment. Your application will not be processed until payment is received. Please contact certification@primr.org with any questions. |

If paying by check, send your completed application form and payment to PRIM&R:
P.O. Box 849502, Boston, MA 02284-9502
Fax: 617.423.1185
Email: certification@primr.org

*Note: Checks must be sent to our P.O. Box listed above and we cannot accept payments requiring a signature. Please contact certification@primr.org if you have questions.*

**Continuing Education Credits & Candidate Signature**

CPIAs must complete 50 documented continuing education hours related to IACUC administration and covering topics listed in the CPIA Body of Knowledge/Content Outline. Credits must be earned as proscribed in the recertification guidelines. The Council for the Certification of Professionals in IACUC Administration has the discretion to determine the acceptability of these credit hours. Please list your continuing education activities in the Continuing Education Tracker with the appropriate category codes and credits.

Individuals must submit copies of source documentation with this application. Please note that individuals are responsible for retaining copies of their source documentation (certificates of attendance, confirmations, etc.) for at least three years after submission of this application, for auditing and continuing quality improvement purposes.

I certify that I have read the Guidelines for Certified Professionals in IACUC Administration Recertification, and that the information I have given in this application is in accordance with instructions, is accurate, and complete.

________________________________________________________________________
Total number of credits requested

________________________________________________________________________
Candidate Signature _____________________________ Date  __________