

**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](mailto:privacy@primr.org).

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

**Responsibility Areas**  
*Select all that apply.*

<input type="checkbox"/> Attending Veterinarian	<input type="checkbox"/> IACUC Chair	<input type="checkbox"/> IRB/REC Member	<input type="checkbox"/> Regulatory Compliance Coordinator/Officer
<input type="checkbox"/> Conflict of Interest Personnel	<input type="checkbox"/> IACUC Director/Manager	<input type="checkbox"/> Laboratory Personnel	<input type="checkbox"/> Research Administrator
<input type="checkbox"/> Educator	<input type="checkbox"/> IACUC Member	<input type="checkbox"/> Media Representative	<input type="checkbox"/> Research Counsel/Attorney
<input type="checkbox"/> Ethicist	<input type="checkbox"/> IBC Administrative Personnel	<input type="checkbox"/> Nonaffiliated/Community/Non-Scientific Committee Member	<input type="checkbox"/> Research Personnel
<input type="checkbox"/> Grants/Contracts Personnel	<input type="checkbox"/> IBC Chair/Member	<input type="checkbox"/> Patient Advocate	<input type="checkbox"/> Researcher
<input type="checkbox"/> HRPP/IRB/REC Administrative Personnel	<input type="checkbox"/> IBC Director/Manager	<input type="checkbox"/> Public Relations/Communications Personnel	<input type="checkbox"/> Student
<input type="checkbox"/> HRPP/IRB/REC Director/Manager	<input type="checkbox"/> Institutional Leadership/Executive/Institutional Official	<input type="checkbox"/> Quality Assurance Personnel	<input type="checkbox"/> Veterinary Personnel
<input type="checkbox"/> IACUC Administrative Personnel	<input type="checkbox"/> IRB/REC Chair	<input type="checkbox"/> Regulator/ Policymaker	<input type="checkbox"/> 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.*

<input type="checkbox"/> Animal Care & Use/Animal Welfare	<input type="checkbox"/> Human Subjects Protections — Biomedical	<input type="checkbox"/> Human Subjects Protections — Social/Educational/Behavioral
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## Application Fees

<input type="checkbox"/> PRIM&R member rate	\$350
<input type="checkbox"/> Nonmember rate	\$475
<b>Membership: Not a member yet? Add membership and receive member pricing!</b>	
<input type="checkbox"/> One-year individual membership	\$199

## Payment Method & Submission

Purchase Order	<b>PO #:</b> _____ Please include a copy of the purchase order with application. Your application will not be processed until the purchase order is received.
Check	<b>Check #:</b> _____ If you are paying by check, please note that payment is expected before your application can be processed. Please make checks payable to PRIM&R. Your application will not be processed until the check is received.
Credit Card	<b>AMEX/MC/VISA CC #:</b> _____ Expiration: _____ CVV: _____ Name on Card: _____

### 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](mailto: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](mailto: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*