

CPIA® Recertification by Continuing Education Application

Candidate Information

First Name		
Last Name		
Job Title		
Institution		
Address		
City	State	Zip
Email Address		Phone Number
Most Recent Certification Date		Certificate Number
Percent of working time currently spent in IACUC activities: <input type="radio"/> Less than half-time <input type="radio"/> More than half-time <input type="radio"/> Full-time		Number of full-time or equivalent people in your office supporting IACUC activities: <input type="radio"/> Less than 1.0 <input type="radio"/> 3.0 to 4.9 <input type="radio"/> 1.0 to 2.9 <input type="radio"/> 5.0 to 9.9 <input type="radio"/> More than 10
Experience in IACUC activities: <input type="radio"/> 4-6 years <input type="radio"/> 7-10 years <input type="radio"/> More than 10 years		

Application Fees

Payment Information

<input type="radio"/> Add membership with this application for \$199. By selecting this option, you are eligible for the Member rate below. You can also select this option to renew an existing membership. If you are not a member and do not add membership, please register at the nonmember rates.	Purchase Order	
		Purchase order number
	Check	
		Check number
Member Rate	<input type="checkbox"/> \$350	Credit Card: Card type: <input type="checkbox"/> Amex <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa
Nonmember Rate	<input type="checkbox"/> \$475	
	Expiration date	Card Number
Please send your completed application form to PRIM&R via: Email: certification@primr.org Mail: PO Box 849502 Boston, MA 02284-9502 Fax: 617.423.1185		Name on card <i>Note: Our office is currently closed; we cannot accept payments requiring a signature. Please contact registration@primr.org if you have questions.</i>

Data and Privacy

I wish to continue to receive email from PRIM&R:	<input type="checkbox"/> Yes <input type="checkbox"/> No
PRIM&R and its partners occasionally engage in research activities, such as surveys, to better understand the research ethics field. Note: <i>All invitations will come from PRIM&R; PRIM&R will not share your email address with any external parties.</i>	I want to participate in these research activities: <input type="checkbox"/> Yes <input type="checkbox"/> 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 720, Boston, MA 02116, or via email at privacy@primr.org .	I want to receive email from PRIM&R: <input type="checkbox"/> Yes <input type="checkbox"/> No

Continuing Education Credits

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 in at least two categories, and no more than 30 credits may be earned in a single category. The Council for the Certification of Professional IACUC Administrators has the discretion to determine the acceptability of these credit hours. Please list your continuing education activities on the Continuing Education Record with appropriate category codes and credits.

Total number of credits requested: _____

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 Professional IACUC Administrator Recertification, and that the information I have given in this application is in accordance with instructions, is accurate, and complete.

Candidate Signature _____ Date _____

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your certification.

<p>Gender:</p> <p><input type="radio"/> Female <input type="radio"/> Male</p> <p><input type="radio"/> Transgender <input type="radio"/> Self-Identify: _____</p> <p><input type="radio"/> Prefer Not to Say</p> <p>Age:</p> <p><input type="radio"/> 18-24 <input type="radio"/> 25-34</p> <p><input type="radio"/> 35-44 <input type="radio"/> 45-54</p> <p><input type="radio"/> 55-64 <input type="radio"/> 65 and over</p> <p><input type="radio"/> Prefer Not to Say</p>	<p>Ethnicity (check all that apply)</p> <p><input type="checkbox"/> American Indian or Alaska Native</p> <p><input type="checkbox"/> Asian (including Indian subcontinent and Philippines)</p> <p><input type="checkbox"/> Black or African American (including Africa and Caribbean)</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander</p> <p><input type="checkbox"/> White (Including Middle East)</p> <p><input type="checkbox"/> Hispanic/Latino (including Spain)</p> <p><input type="checkbox"/> Prefer Not to Say</p> <p><input type="checkbox"/> Other: _____</p>
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