

SoCRA CCRP Certification Application

A completed Certification Application Portfolio must be forwarded to the SoCRA administrative office a minimum of six weeks prior to the test date. Upon approval, the applicant will receive a letter of acceptance and a copy of the SoCRA Certification Study Guide. Fees are refunded only if the application is unsuccessful. Please see www.socra.org/html/certific.htm for more information on SoCRA CCRP certification. The CCRP credential is awarded in three year increments. Continuous membership in SoCRA is required to maintain the CCRP credential. Those wishing to renew their CCRP certification after three years must successfully complete a re-certification quiz and provide documentation of 45 hours of validated continuing education credit. The fee for re-certification is currently \$100. Please see www.socra.org/html/recertif.htm for more information.

ELIGIBILITY CATEGORIES - Review the statements below. In order to be considered for SoCRA certification, your experience must fall under one of the eligibility categories listed below. If you are unable to document your experience, SoCRA will not be able to consider your application. **Please select (check ✓): #1 or #2 or #3**

- _____ **1.** Candidates having completed a **minimum of 2 years of full time employment** (or 3500 hours of part-time employment) during the past five years as a clinical research professional.
- _____ **2.** Candidates holding a **degree in "Clinical Research"** from an Associate, Undergraduate or Graduate Degree Program **AND** having completed a **minimum of one year of full-time experience** (or 1750 hours part-time) during the past two years as a Clinical Research Professional. (Note: Requires Form 1011)
- _____ **3.** Candidates holding an **Undergraduate or Graduate Certificate in "Clinical Research"** with a curriculum of no less than 12 semester (credit) hours or totaling a minimum of 144 credit hours from an academic institution of higher learning (community college, college or university) **AND** holding an **Associate's or Bachelor's Degree in a science, health science, pharmacy or related field** **AND** having completed a minimum of **one year of full-time experience** (or 1750 hours part-time) during the past two years as a Clinical Research Professional. (Note: Requires Form 1022)

APPLICATION PORTFOLIO IMPORTANT: In order to be considered for SoCRA certification, you must complete ALL fields below and provide ALL supporting documentation requested below. If you have questions regarding your eligibility, please contact the SoCRA office. Applications with discrepancies in employment documentation will not be approved.

Please Check ✓ once completed

_____ **Letter(s) of Reference-** Include signed and dated letter(s) on institutional letterhead documenting the minimum work experience for your eligibility category. Include letters from EACH employer (supervisor or human resources) documenting EACH position. If required experience spans multiple positions and/or employers, multiple letters will be required.

Letters must include:

- All position title(s) applying toward your eligibility
- Corresponding dates of employment for each position title
- Full-time or Part-time status for each position title (Include the number of hours/percentage of time worked in clinical research related duties for each position title)

_____ **Job Description(s)** - Include the official job description issued by your employer/institution for EACH position title documented in your letter(s) of reference.

_____ **Form 1011** - Only complete if applying under Eligibility Category #2. Find this form at www.socra.org/html/certific.htm

_____ **Form 1022** - Only complete if applying under Eligibility Category #3. Find this form at www.socra.org/html/certific.htm

_____ **Resume or Curriculum Vitae** - Attach a current version of your Resume or Curriculum Vitae (CV) documenting all relevant employment experience and educational accomplishments.

_____ **Membership in SoCRA** - Indicate your SoCRA membership ID here _____, or write *applied for* if you've recently applied for membership, or attach a completed membership application (see www.socra.org/html/membersh.htm).

TESTING INFORMATION

September 16, 2008

Requested Date/Location/Time Lexington, KY (Noon - 4 pm) **Language** English French (if offered) Japanese (if offered)

**Applicants having special testing needs should contact the SoCRA office to discuss testing requirements for persons with physical, sensory, or learning disabilities. Please list your needs _____

CANDIDATE INFORMATION

First Name _____ Last Name _____

Email Address _____ Phone Number _____

****I attest that the information provided is accurate and understand that falsification or misrepresentation of my application information will invalidate my certification status.****

Candidate Signature _____ Date _____ (MM/DD/YY)

PAYMENT - SoCRA is a non-profit (membership organization) corporation, Federal Tax ID # 61-1208981

Application Fee: **\$195.00** (payable to SoCRA in U.S. Funds) **Check #** _____ or **VISA** ___ **M/C** ___ **AMEX** ___

Account # _____ Exp. Date ___ / ___

Cardholder Printed Name _____ Billing Zip Code _____

Cardholder Signature _____

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