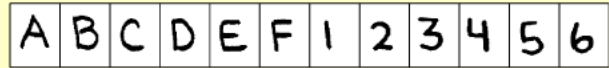




Application for Certification Examination for Research Administrators

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided. →



Candidate Information

Please enter your Name exactly as it appears on a current Government-Issued Photo I.D.

Mr. First Name _____ Middle Initial _____
 Mrs. _____
 Ms. _____
 Dr. _____

Last Name _____ Suffix (Jr., Sr., etc.) _____

Name as desired on Certificate _____

WORK ADDRESS

Position Title _____

Department _____

Company Name _____

Work Address _____

Work City _____ Work State _____ Work Zip Code _____

Work Phone (Numbers only. Do not enter - or /) _____ Work Fax (Numbers only. Do not enter - or /) _____

HOME ADDRESS (REQUIRED for receiving eligibility notice and individual score reports.)

Home - Number and Street _____

Home City _____ Home State _____ Home Zip Code _____

Country (if not U.S.) _____

Home Phone (Numbers only. Do not enter - or /) _____ Home Fax (Numbers only. Do not enter - or /) _____

Should RACC Correspondence go to Work or Home address?
 (pass/fail notification of CRA Examination will be sent to home address only.) Home Work

Email Address (Please enter only ONE email address. Use two lines if your email address does not fit in one line.)

(Continue on page 2)

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Application for Certification Examination for Research Administrators

Eligibility and Background Information

Darken only one choice for each question unless otherwise directed.

A. PERCENT OF WORKING TIME CURRENTLY SPENT IN RESEARCH OR SPONSORED PROGRAMS ADMINISTRATION:

- Less than 25%
- 26 to 50%
- 51 to 75%
- More than 75%

B. PROFESSIONAL EXPERIENCE IN RESEARCH OR SPONSORED PROGRAMS ADMINISTRATION:

- 3 years
- 4 years
- 5 years
- 6 years
- 7 to 8 years
- 9 to 15 years
- More than 15 years

C. PRIMARY EMPLOYER (darken only one response):

- University - Medical
- University - Nonmedical
- Hospital - Medical Center
- Independent Research Organization
- Industrial
- Federal Government
- State, Province, or Local Government
- Corporation/Professional Services
- Other

D. PRIMARY JOB RESPONSIBILITY: (Darken only one response.)

- Operational
- Managerial
- Policy
- Other

E. HIGHEST ACADEMIC LEVEL ATTAINED:

- High School
- Some College
- Associate Degree
- Bachelor's Degree
- Master's Degree
- Doctoral Degree
- Other

F. TO WHICH OF THE FOLLOWING ORGANIZATIONS DO YOU BELONG? (Darken all that apply.)

- AIRI
- AUTM
- COGR
- Other (specify below)
- LES
- NACUBO/CAUBO
- NCMA
- NCURA/CAAURA
- NAMA
- SRA

G. HAVE YOU TAKEN THIS EXAMINATION BEFORE?

- No
- Yes

If yes, indicate month, year, and name under which the examination was taken.

Date (month/year): _____

Name: _____

H. ARE YOU CURRENTLY OR WERE YOU EVER CERTIFIED BY THE RACC?

- No
- Yes If yes, provide the following information:

Certification	Certificate Number	Expiration Date
<input type="checkbox"/> CRA	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> CPRA	<input type="text"/>	<input type="text"/>

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.

Race:

- African American
- Asian
- Hispanic
- Native American
- White
- No Response

Age Range:

- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

Gender:

- Male
- Female

Candidate Signature

I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.

CANDIDATE SIGNATURE: _____

DATE: _____

Payment Information

If you want to charge your application fee on your credit card provide all of the following information.

Method of Payment

Credit Card

Check Amount:

Number:

Name: _____ (as it appears on your card)

Address _____ (as it appears on your statement): _____

Charge my credit card for the total fee of: \$

Expiration date (month/year): /

Card type: Visa MasterCard American Express

Card Number:

FOR OFFICE USE ONLY

Date 1740
 1750

Fee:

CC Check

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