



CPRP/CFRP Recertification Form

Please complete the form below and mail to PRA
212 E. LaSalle Avenue, Suite 220, South Bend, IN 46617 for processing.

First Name: _____ Last Name: _____

PRA ID Number: _____ Email Address: _____

Please select the credential you are recertifying: CPRP CFRP

- Have you completed a total of at least 45 contact hours of applicable continuing education and training? Yes No
- Are at least half (22.5) of these hours from a PRA Approved Provider of continuing education? Yes No
If half of your hours are not from a PRA Approved Provider, please submit this form and PRA will contact you with further instructions.
- Have you completed at least 4 contact hours SPECIFIC to Ethics in the Helping Professions? Yes No
- In the past 3 years, have you been denied another professional license or certification? Yes No
- In the past 3 years, have you been subject to any sanction or revocation by a licensing or credentialing body? Yes No
- Are there any pending complaints against you regarding your work in mental health? Yes No
- Are you currently involved in any activity that may be considered a felony and/or are you under any probation or parole for such activity? Yes No

If you have answered YES to any of the past 4 items, please provide a written explanation below:

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- Recertification candidates are required to be familiar with current PRA Code of Ethics (found at <http://bit.ly/PRACodeOfEthics>) and are encouraged to reference it regularly. Please Note: The PRA Code of Ethics was updated in May 2018. Do you agree to abide by the PRA Code of Ethics? Yes No
- I agree to abide by the laws and statutes of the legal jurisdictions(s) in which I will practice. Yes No
- I understand that reinstatement and recertification application fees are Non-Refundable and Non-Transferable. Yes No
- I understand that, unless I have otherwise specified in writing to PRA, my contact information including name, mailing address and email, may be provided to state and local chapters and affiliates of PRA to provide me with information on upcoming events that may benefit my professional development. Yes No
- I understand that PRA will maintain a directory of certificants that will include my name, city, state/province and phone number. All contact information will be related to place of employment. Yes No
- Are you completing this application on behalf of someone else? Yes No

If YES, indicate your name and relationship to the certificant:

First Name: _____ Last Name: _____ Relationship: _____



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Confirmation: with my signature below, I certify that I understand the requirements of recertification, and that the information provided above is accurate and complete.

Full Name of Recertifying Individual: _____

Signature: _____

Date: _____

Fees and Deadlines

Fee dates and deadlines: **Early** (January 1 – March 31), **Regular** (April 1- September 30), **Late** (Oct. 1- Dec. 31)

<input type="checkbox"/> Current PRA Member	\$129 (Early)	\$145 (Regular)	\$195 (Late)
<input type="checkbox"/> PRA Non-Member	\$249 (Early)	\$265 (Regular)	\$315 (Late)
<input type="checkbox"/> Membership (\$125) + Recertification*	\$254 (Early)	\$270 (Regular)	\$320 (Late)

*You can only select membership + recertification if

- you are not a current member
- or your membership is expiring within six (6) months

Please make checks payable to PRA