



## CPRP Exam-Only Application



The exam-only application is to be used by individuals who need to retake the CPRP examination.

To be completed by applicant. (Please type or print clearly)

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ NRPA Member  Yes # \_\_\_\_\_  No

Do you have a disability that would require special accommodations for taking the exam?  Yes  No  
If yes, please complete the Special Accommodation Request Form, available at [www.nrpa.org/cprp](http://www.nrpa.org/cprp)

### Examination only fee (non-refundable) - \$200

Please make checks payable to: National Recreation and Park Association (NRPA)

Check       Purchase order      Credit Card:  Visa     MasterCard     American Express     Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT TO ALL TERMS** – I certify that all the information given in this application is true and correct to the best of my knowledge. I further understand that false representation relative to any information will provide the basis for withdrawal of certification. I have read, understood and agree to comply with the CPRP/CPRE Policies and Procedures. I authorize NRPA and the National Certification Board to release my contact information and current certification status to appropriate park and recreation leadership, the media, and the general public.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Return Form:  
By Email: [Certification@nrpa.org](mailto:Certification@nrpa.org)  
By Mail: C/O Certification Staff 22377 Belmont Ridge Rd, Ashburn VA 20148