

Provider Subscription Form

Provider Information

Date: _____
 Provider (name of company, organization, institution, etc.): _____
 Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____
 Phone: _____ Fax: _____ Email: _____ Website: _____
 Contact Person: _____
 Phone: _____ Fax: _____ Email: _____

Which best describes your organization?

- | | | |
|--|--|---|
| <input type="checkbox"/> College/university | <input type="checkbox"/> Government agency | <input type="checkbox"/> Association/professional society |
| <input type="checkbox"/> Training organization | <input type="checkbox"/> NGO | <input type="checkbox"/> RAPS chapter or local group |
| <input type="checkbox"/> Law Firm | <input type="checkbox"/> Consultant | <input type="checkbox"/> Other _____ |

Describe your organization and programs (in no more than 500 characters, including spaces; this description will be used on the RAPS Website upon acceptance into the RA Professional Development Portal program):

Categories and Fees

A contract is valid for one year from the date of receipt of payment. At the end of one year, all programs and provider information will be removed if contract is not renewed. All fees paid to RAPS are nonrefundable. If an application is rejected by RAPS, all fees minus a \$25 application fee will be refunded.

Please choose a subscription package:

Number of Approved Events	Price
Single Event	\$ 750
Up to 5	\$1,500
Up to 10	\$2,500
Up to 15	\$3,250
Bulk Packages Available	Call RAPS for pricing

*Prices subject to change

NOTE: Graduate programs and educational trades consisting of multiple courses will be charged based on the number of courses necessary to complete the program.

Payment Information

Full payment must accompany this form. All payments must be in US dollars.

Total Payment: _____

Check #: _____ (Checks must be drawn on a US bank in US dollars; make checks payable to RAPS)

Charge: American Express MasterCard Visa

Acct #: _____ Exp. Date: _____ Billing Postal Code: _____

Name as it appears on the card: _____

Signature of cardholder: _____

Registered Provider Applicant Agreement/Conditions of Participation

As a RAPS RA Professional Development Portal Provider applicant, our organization accepts and agrees to the following conditions of participation in the RAPS PD Portal. Our organization will:

1. Provide accurate, complete and truthful information to RAPS in all transactions, and will make full disclosures of all information requested by RAPS in a timely manner.
2. Satisfy in full our responsibilities under all RAPS Provider Standard Criteria of Registration.
3. Conduct all PD Portal and business operations in an ethical, professional and lawful manner, and respect the rights and worth of all PD Portal participants.
4. Provide accurate, truthful and not misleading statements and representations regarding our firm's business activities, event descriptions, fees and services in all communications about the PD Portal events.
5. Make no statements or representations indicating or implying, in any manner, that RAPS has accredited, certified, sponsored or endorsed any programs or products. The following statement is the sole statement that is authorized and approved by RAPS for use in connection with the RAPS Registered PD Portal Program:
 "[Name of organization] is a Regulatory Affairs Professionals Society (RAPS) RA Professional Development Portal provider. [name of organization] is committed to enhancing the ongoing professional development of regulatory affairs professionals and other stakeholders through appropriate regulatory affairs learning activities and programs [Name of organization] has agreed to follow RAPS-established operational and educational criteria."
6. An approved provider of the PD Portal may use the following language to convey the fact that a particular listing has been assigned RAC credits by RAPS: "(Course X) has been pre-approved by RAPS as eligible for up to (xx) credits towards a participant's RAC recertification upon full completion."
 RAPS does not approve or endorse individuals or organizations as providers of the RAC certification program; there should be no communication made beyond the statement provided above that suggests endorsement by RAPS of a particular provider or program.
7. Refrain from any manner of discrimination with respect to the events provided under this Agreement, including, but not limited to, discrimination on the basis of: race or ethnic origin, gender, nationality, disability, religion or sexual orientation. Additionally, our organization agrees to comply with all applicable governmental laws, rules, and regulations regarding discrimination in all nations in which it operates, or in which it provides materials related to the RAPS PD Portal.

In the event that our organization voluntarily withdraws from, or is required to leave the PD Portal, we will immediately discontinue all use of PD Portal logos, marks, materials and statement. In that event our organization will not represent that it has any association with the RAPS PD Portal.

Our organization agrees and acknowledges that a condition of participation in the RAPS PD Portal is that it will be subject to potential random audit reviews by RAPS of one or more of our Registered Programs; such reviews may require us to provide to RAPS documentation that demonstrates compliance with all applicable standards and criteria required of RAPS PD Portal Providers. Our organization agrees and acknowledges that RAPS may determine in its sole discretion not to approve one or more particular professional development program(s) or publish information regarding one or more professional development programs produced by our organization if such program(s) is/are being held in a location and at a time that RAPS has determined would be in conflict with a RAPS professional development program or other program.

On behalf of the applying organization, and with full authority to enter into this agreement, the undersigned agrees to accept and abide by the RAPS Registered Provider criteria and all terms and conditions of this agreement, as outlined in this document, and further agrees to accept sole and full responsibility for the quality assurance of any events or programs offered with respect to the PD Portal and under this agreement.

I hereby submit this application on behalf of _____ (the "Company") for registration as a RAPS RA PD Portal Provider in accordance with and subject to its rules. I understand that RAPS reserves the right to verify any or all of the information associated with or required by this application, and that providing false information or omitting

required information or misleading information or otherwise violating the rules governing registration may constitute grounds for the rejection of this application, revocation of registration, or other appropriate action. I further understand that the Company must inform RAPS of any changed circumstances that may affect this application and the information that has been provided by the Company.

I, the undersigned, on behalf of the Company, recognize that RAPS reserves the right to modify or alter at any time the registration standards and any rules, policies or procedures in connection therewith. I authorize RAPS to include the Company's name and contact information in any publicly available lists or directories in which the names of RAPS PD *Portal* registrants are published, and waive any rights of objections to such listings. I understand and agree that RAPS owns all right, title and interest in and to all names, trademarks, logos, applications, and other materials related to the registration program, and I agree on behalf of the Company that the Company shall only use intellectual property in accordance with policies developed by RAPS and agree to cease using such intellectual property upon expiration, suspension, or termination of the Company's registration. I understand and agree that RAPS makes no claims or warranties regarding the performance of any RAPS PD *Portal* Provider, and I agree, on behalf of the Company, not to misrepresent the Company's registration status and its meaning. I, on behalf of the Company, hereby irrevocably assign to RAPS all right, title and interest in and to this application for registration.

I further agree to release and hold harmless individually and collectively the officers, directors, employees, and agents of RAPS for any decision, action, or omission in connection with this application, including for the failure of RAPS to grant my Company registration. I also understand and agree that in considering this application, RAPS may make inquiry of such persons or entities, and audit Company programs as RAPS deems appropriate.

I, the undersigned, am an authorized representative of the Company and agree that to the best of my knowledge, all information contained and supporting documentation in this application are true and not misleading, that all of the information in this application and supporting documentation is accurate and complete, and that I reasonably and in good faith believe that the requirements have been fulfilled.

This Company agrees that it currently complies with and will continue to comply with and maintain the criteria for registration on the RAPS PD *Portal* at all times during the period of registration.

I have read the application and associated materials and understand and agree to abide by the policies of RAPS. I hereby certify that I am authorized by the Company to submit this application and sign this release on behalf of the Company.

Signed: _____

Name: _____

Title: _____

Company Name: _____

Date: _____

Send completed application to:
RAPS RA Professional Development *Portal*
5635 Fishers Lane
Suite 550
Rockville, MD 20852
USA

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