



**APPLICATION FOR REGULATORY AFFAIRS CERTIFICATION (RAC)**  
**EXAM CYCLE: 1 OCTOBER – 30 NOVEMBER 2010**  
**INITIAL APPLICATION: 15 AUGUST 2010 LATE DEADLINE: 8 SEPTEMBER 2010**

**SELECT EXAM (check one)**

- UNITED STATES (US)    EUROPEAN UNION (EU)    CANADA (CAN)    GENERAL SCOPE (GS)

**CANDIDATE CONTACT INFORMATION**

FIRST NAME                      MI                      LAST NAME                      RAPS MEMBER # (if applicable)

JOB TITLE                      DEPT                      ORGANIZATION

BUSINESS ADDRESS

CITY                      STATE/PROVINCE                      POSTAL CODE                      COUNTRY

BUSINESS TELEPHONE                      EXT                      COUNTRY CODE                      HOME PHONE

BUSINESS EMAIL                      OTHER EMAIL

HOME ADDRESS

CITY                      STATE/PROVINCE                      POSTAL CODE                      COUNTRY

**SELECT EMAIL AND MAIL ADDRESS FOR RAC CORRESPONDANCE**

EMAIL    HOME    BUSINESS                      MAIL    HOME    BUSINESS

**CANDIDATE PROFILE (COMPLETE ALL SECTIONS)**

**POSITION/TITLE**

- CEO/president
- Vice president
- Director
- Manager
- Specialist
- Associate
- Coordinator
- Consultant

**HIGHEST EARNED DEGREE**

- Associate
  - Bachelors/Baccalaureate
  - Masters
  - Doctorate
  - DDS, DMD
  - DVM
  - JD
  - MD
  - PhD
  - PharmD
  - ScD
- Year received

**FIELD OF STUDY**

- Life sciences
- Medicine/clinical science
- Pharmacy
- Engineering
- Chemistry, physics
- Mathematics, computer science
- Social sciences
- Law
- Business, economics, finance
- Other

**YEAR ENTERED REGULATORY PROFESSION:**

**PROFESSIONAL INTERESTS (check all that apply)**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Advertising &amp; promotion</li> <li><input type="checkbox"/> Audits &amp; inspections</li> <li><input type="checkbox"/> Business development</li> <li><input type="checkbox"/> Clinical</li> <li><input type="checkbox"/> Crisis management</li> <li><input type="checkbox"/> Distribution</li> <li><input type="checkbox"/> Ethics</li> <li><input type="checkbox"/> Environmental</li> <li><input type="checkbox"/> Government affairs</li> <li><input type="checkbox"/> Health technology assessment</li> <li><input type="checkbox"/> Human resources</li> <li><input type="checkbox"/> Labeling</li> <li><input type="checkbox"/> Management/corp management</li> <li><input type="checkbox"/> Manufacturing</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Preclinical</li> <li><input type="checkbox"/> QA/QC/quality systems</li> <li><input type="checkbox"/> Regulatory compliance</li> <li><input type="checkbox"/> Regulatory intelligence</li> <li><input type="checkbox"/> Reimbursement</li> <li><input type="checkbox"/> Research &amp; development</li> <li><input type="checkbox"/> Risk management</li> <li><input type="checkbox"/> Submissions/registrations</li> <li><input type="checkbox"/> Trade issues</li> <li><input type="checkbox"/> Training/staff development</li> </ul> |
|---|---|

**REGIONAL INTERESTS (check all that apply)**

- Africa
- Asia
- Canada
- Europe
- Latin America
- Middle East
- Oceania
- United States
- Worldwide

**PRODUCT INTERESTS (check all that apply)**

- APIs
- Biologics/biotechnology
- Biomaterials
- Combination products
- Cosmetics
- Foods
- Generic drugs
- Innovative pharmaceuticals
- IVDs
- Medical devices
- Nutritional/natural health products
- Orphan products
- OTC drugs
- Veterinary products

NAME FOR RAC CERTIFICATE

Please enter your name EXACTLY as you would like it to appear on a certificate

If you plan to take the RAC examination in a location outside of North America, please indicate the country that is your first preference in selecting an examination site:

Optional information:

How were you referred you to the RAC program (check one)

- Supervisor
- Colleague
- HR at organization
- University instructor/advisor
- Through RAPS publications/materials
- Through RAPS.org

**APPLICATION AGREEMENT/ASSURANCES**

I acknowledge that I have read and understand the RAC policies and procedures contained in the Candidate Guide. The information submitted in this application is complete and accurate. I believe I meet all eligibility requirements for the RAC exam. I authorize RAPS to make any inquiries deemed necessary to verify my credentials. I understand that false information may be cause for denial of this application or loss of the RAC credential. I allow RAPS to use information from my application and from the examination for the purpose of aggregate statistical analysis, provided that any personal information or identifiers are removed. Finally, I understand and agree to the policies related to withdrawing from the examination, presented in the Candidate Guide. Furthermore, I acknowledge that I have read and understand all of the tenets outlined in the Code of Ethics for Regulatory Professionals.

Signature

Date

**PAYMENT**

<b>RAPS MEMBER</b>	<b>NONMEMBER *</b>
<b>FIRST RAC APPLICATION</b>	<b>FIRST RAC APPLICATION</b>
<input type="checkbox"/> \$325 (us) INITIAL DEADLINE (15 AUGUST 2010)	<input type="checkbox"/> \$510 (us) INITIAL DEADLINE (15 AUGUST 2010)
<input type="checkbox"/> \$375 (us) LATE DEADLINE (8 SEPTEMBER 2010)	<input type="checkbox"/> \$560 (us) LATE DEADLINE (8 SEPTEMBER 2010)
<b>REAPPLICATION</b>	<b>REAPPLICATION</b>
<input type="checkbox"/> \$225 (us) INITIAL DEADLINE (15 AUGUST 2010)	<input type="checkbox"/> \$410 (us) INITIAL DEADLINE (15 AUGUST 2010)
<input type="checkbox"/> \$275 (us) LATE DEADLINE (8 SEPTEMBER 2010)	<input type="checkbox"/> U\$460 (us) LATE DEADLINE (8 SEPTEMBER 2010)

\* FOR NONMEMEBRS: Application fee includes a one-year RAPS membership. No additional payment is required. Membership fees are non-refundable and non-transferable. If you do not wish to become a member, please check here:

PAYMENT METHOD:

- CHECK # (payable in US dollars)
- AMEX
- MASTERCARD
- VISA

CARD NUMBER

EXPIRATION DATE

NAME ON CARD

BILLING ZIPCODE/POSTAL CODE

SIGNATURE \_\_\_\_\_