



RAC Recertification Application

Congratulations on maintaining your commitment to the regulatory profession by renewing your RAC. Please read and carefully complete each relevant section below, providing all required information. You may submit this application any time prior to 15 December of the year in which your recertification is due; however, all qualifying professional development activities must be completed at the time of submitting the application.

The completed application and payment must be received by the RAC Program Office by 15 December.

Please send your completed application to:

Mail: RAC Program Office, 5635 Fishers Lane, Suite 550, Rockville, MD 20852, USA

Fax: +1 301 770 2924

Email: certification@raps.org

Receipt of your application and confirmation of your recertification status will be acknowledged within 20 business days.

There is no membership requirement to renew your RAC. RAPS members and nonmembers will be evaluated equally on RAC renewal; however, RAPS members are entitled to a reduced fee for recertification. Additional information on recertification and other RAC requirements and policies is available at RAPS.org/RAC.

APPLICATION CHECKLIST

- Section 1: Applicant information.** I completed the applicant information and noted the email address to which RAC correspondence should be sent.
- Section 2: Payment.** I included payment information with this application.
- Section 3: Code of Ethics for Regulatory Professionals.** I have read and acknowledge the Code of Ethics for Regulatory Professionals.
- Section 4: Professional Development Activities.** I completed at least 36 hours of qualifying professional development activities.

First Name _____ Last Name _____ Birth Year _____

Email Address (will be used for confirmation only) _____

Preferred Mailing Address: Home Business

Company Name (If Business) _____

Title _____

Street _____

Apt #/Suite/Postal Code _____

City _____ State _____ Zip _____ Country _____

Home Phone _____ Business Phone _____ Fax _____

Year of Initial Certification _____

By signing this application, I hereby acknowledge that I have read and agree to the Code of Ethics for Regulatory Professionals. I acknowledge that I have obtained the minimal number of credits required to recertify my RAC credential within the current three-year period. I acknowledge that should the RAC Program Office contact me to supply proof of reported activities, I will respond within a reasonable amount of time, not to exceed 30 days. Submitted with this application is a list of qualifying activities and related credits. If activities are tracked using RAPS' Professional Development Manager (see p. 3), please attach a print out of recorded activities.

I acknowledge that I have earned a total of _____ credits per the guidelines set forth in the RAC Recertification Guide.

Signature _____ Date _____

This form is to be submitted by 15 December of the year due to recertify. Once approved, recertification will continue on a three-year cycle.

- 36 total credits are required to earn recertification.
- Activities included on the recertification report must occur within the three-year recertification time frame.
- Please do not submit supporting documentation with your recertification report but keep it on file. The Certification Program Office reserves the right to audit up to 10% of submissions each year. Candidates will be contacted if they are among those who are randomly selected to follow up with supporting material.
- If supporting material is requested upon follow-up, you may submit the required information in a separate document. However, please include the appropriate section number with your response. Please number pages and include your full name at the top of every page.

If not a current RAPS member, you are entitled to receive one year of RAPS membership when paying the nonmember fee. To receive this membership you must check the acceptance box here. **Membership accepted**

METHOD OF PAYMENT

Check # _____ Money Order MasterCard Visa American Express

Credit Card No. _____ Expiration Date _____

Billing Address _____ Zip/Postal Code _____

Amount of Charge: \$100 RAPS Member Fee \$310 Nonmember Fee Other/ Late fee if applicable \$ _____
\$50 pr yr late, refer to Recertification Guide

Name on Card _____ Signature _____

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TRACKING PROFESSIONAL DEVELOPMENT ACTIVITIES

If you are a RAPS member, tracking your professional development activities for maintaining your RAC is now a lot easier, thanks to the new Professional Development Manager (login required). This online transcript tracking service enables you to access, modify and print records of participation.

All RAPS activities—including training, education and volunteer activities—are automatically recorded in your personal transcript. You can also add other relevant activities into the transcript. A sum of total credits makes it easy to track your credits to date. The Professional Development Manager also makes it easy to submit your recertification application. Simply print a copy of your summary page and attach it to your application.

Attached is a printout of professional development activities from the Professional Development Manager. The total number of credits for this recertification period is recorded on page 1 of this application.

Below is a listing of professional development activities and related credits. Total number of credits for this recertification period is recorded on page 1 of this application.

| ACTIVITY | CREDITS |
|--|---------|
| Training, Education Participation | |
| Additional Certifications Earned During This Recertification Cycle | |
| Course Organizer, Faculty, Speaker | |
| Articles, Books and Other Published Content | |
| Leadership in Relevant Professional and Trade Organizations | |
| Other | |
| TOTAL CREDITS | |

Please complete the section below for each activity and make additional copies of this page as necessary.

Activity _____

Date _____

Sponsor _____

Credits _____

Additional Information if Necessary _____
