

# Application for Regulatory Affairs Certification (RAC) Exam



Mr.  Mrs.  Ms.  Dr. First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
Title \_\_\_\_\_  
Company \_\_\_\_\_  
 Business  Home  
Address \_\_\_\_\_ Mail Stop \_\_\_\_\_ Suite/Apt \_\_\_\_\_  
City/ State/Province/Zip \_\_\_\_\_  
Country \_\_\_\_\_  
Phone (with area/country code) \_\_\_\_\_  
Email (please provide email that will be valid throughout RAC process) \_\_\_\_\_

## REGISTRATION FEES (All fees in US dollars)

Select Exam(s):  Drugs  Devices

Spring Cycle (Per Exam) – Due no later than 25 February 2021			
RAPS Member Pricing (US\$)		List Pricing (US\$)	
<input type="checkbox"/> \$485	By 25 February 2021	<input type="checkbox"/> \$605	By 25 February 2021

## METHOD OF PAYMENT

- International Wire Transfer:** Fax this completed form and copy of bank wire confirmation to confirm your registration to: RAPS account #1000043228997—ABA #061000104—Swift Code SNTRUS3A to: SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.
- Check #** \_\_\_\_\_
- Credit Card** (check which card you will use)  American Express  MasterCard  Visa  
Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Billing Postal Code \_\_\_\_\_  
CVV (Card Security Code) \_\_\_\_\_  
Name as it appears on the card \_\_\_\_\_ Signature \_\_\_\_\_

## APPLICATION AGREEMENT

I acknowledge that I have read and agree to comply with the policies and procedures contained in the RAC Candidate Guide and the Code of Ethics for Regulatory Professionals. 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.

By purchasing an RAC application or renewal, I provide consent that my profile will be stored with RAPS and shared with processors for the purpose of doing business with RAPS. I consent to receiving announcements from RAPS and that I can opt-out at any time by contacting RAPS or updating preferences. I also hereby understand and agree to the privacy policy provided on RAPS.org. (Effective 5/8/18).

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

**Questions?** Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see **RAPS.org** for complete registration policies and procedures.

### HOW TO REGISTER

**MAIL:** **Check or Money Order:** Send check or money order with completed application to: RAPS 5635 Fishers Lane, Suite 400, Rockville, MD 20852  
**Credit Card:** Send completed application with credit card information to: Regulatory Affairs Professionals Society, Attn: RAC Program Office, 5635 Fishers Lane, Suite 400, Rockville, MD 20852 USA

**FAX:** Fax completed application and payment information to: +1 301 841 7956 (credit card or wire transfer)