

Application for Regulatory Affairs Certification (RAC) Recertification



Mr. Mrs. Ms. Dr. First Name _____ MI _____ Last Name _____

Title _____

Company _____

Preferred Mailing Address (Check One):

Business Home

Address _____ Mail Stop _____ Suite/Apt _____

City/ State/Province/Zip _____

Country _____

Phone (with area/country code) _____

Email Address (required for confirmation) _____

RECERTIFICATION FEES (All fees in US dollars)

Paid by due date

Recertification Application and Fee (Submitted by 15 December 12:00 pm EST)

RAPS Member Pricing (US\$)		List Pricing (US\$)	
<input type="checkbox"/> \$180	Submitted by 15 December	<input type="checkbox"/> \$290	Submitted by 15 December

Paid after due date [but within one year of due date]

LATE Recertification Application and Fee (Amount due in total if application received after the due date of 15 December)

RAPS Member Pricing (US\$)		List Pricing (US\$)	
<input type="checkbox"/> \$330	\$180 + \$150 late fee	<input type="checkbox"/> \$540	\$290 + \$250 late fee

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, Atlanta, GA. 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 CHECKLIST

Please check each box indicating your agreement that each specific task is complete **PRIOR** to submitting the application.

- Applicant information:** I completed the applicant information and noted the email address to which RAC correspondence should be sent
- Payment:** I included payment information with this application
- Professional Development Activities:** I obtained at least 36 credits of qualifying professional development activities within my current 3-year recertification cycle
- Completed List of Professional Development Activities:** I have completed the Professional Development Tracker on page 2, which accurately lists relevant regulatory professional activity, date, and accumulated RAC recertification credits
- Code of Ethics for Regulatory Professionals:** I have read and acknowledged the Code of Ethics for Regulatory Professionals
- Maintain Documentation Supporting List of Regulatory Professional Activities:** 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.

APPLICATION AGREEMENT

The signing and submission of this application indicates you have read and understand the RAC policies and procedures contained in the RAC Recertification Guide and RAPS Code of Ethics for Regulatory Professionals. Your signed application submission also signifies agreement that the information submitted in this application is complete and accurate and that you agree to comply with the terms of an RAC Program Office audit. The RAC Program Office reserves the right to audit up to 10 percent of submissions each year. You will be contacted if you are among those randomly selected and will be required to follow up with the documentation supporting your list of regulatory professional activities and associated credits.

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

EMAIL: certification@raps.org (credit card or wire)

MAIL: RAPS 5635 Fishers Lane, Suite 400, Rockville, MD 20852 (check or money order)

FAX: +1 301 841 7956 (credit card or wire)