



# Application for Regulatory Affairs Certification (RAC) Recertification

June (submitted by 30 June)

December (submitted by 31 December)

## Which credential are you renewing?

RAC-Devices  RAC-Drugs  RAC US  RAC EU  RAC CAN  RAC Global

Mr.  Mrs.  Ms.  Dr.

First Name  MI  Last Name

Title

Company

Preferred Mailing Address:  Business  Home

Address  Mail Stop  Suite/Apt

City/State/Province  Postal Code/Zip

Country  Phone (Area/Country Code)

Email Address (required for confirmation)

## Recertification Fees (All fees in US dollars)

	Paid By Due Date (30 June or 31 December)	Paid After Due Date (but within one year of due date)
RAPS Member	<input type="checkbox"/> \$180	<input type="checkbox"/> \$330 (\$180 + \$150 late fee)
List Pricing	<input type="checkbox"/> \$290	<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: Truist 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

Name as it appears on the card  Account #

Exp. Date  Billing Postal Code  CVV (Card Security Code)  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. (Please review Recertification Guide for list of eligible activities and credit earning rates.)

**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 [See Recertification Guide for copy of Code of Ethics]

**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.



# RAC Recertification Professional Development Tracker

**Please Note:** You must include this Professional Development Tracker with your application to prevent delays in processing. The application will not be processed without this completed tracker. Whilst backup documentation is not required to be sent with the application, please maintain evidence of all claimed credit (certificate, receipt, agenda etc.) in case your application is selected for audit.

Date <small>(Provide start date if more than one day)</small>	Professional Development Activity Description <small>(Refer to <a href="#">Recertification Guide</a> for categories – use additional pages as needed)</small>	Credits
<b>Total</b>		



# RAC Recertification 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](https://www.raps.org).

(Effective 5/8/18)

Signature

Date

Questions? Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see [RAPS.org](https://www.raps.org) for complete registration policies and procedures.

## How to Register

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

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

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

