



PRA CERTIFICATION EXAM APPLICATION: QUALIFYING EDUCATION & TRAINING LOG

Use this form to record continuing education and training activities completed as you prepare to apply for the CPRP examination. This will provide a guide as you complete the online application process. **Submit this form online by uploading it to your APPLICATION.**

PLEASE TYPE OR PRINT NEATLY

Applicant's Name (Last, First):	Page ____ of ____
Exam Selection: <input type="checkbox"/> CPRP (Adult Services) <input type="checkbox"/> CFRP (Children's Services)	

Training Topic/Title:	Total Contact Hours:
Presenter(s)/Instructor(s):	
Sponsoring Organization:	Date(s):
<input type="checkbox"/> Online -- Website: _____	
<input type="checkbox"/> Live -- Location: _____	
CPRP (adult) Domain(s): <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII	
CFRP (child) Domain(s): <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII	

Training Topic/Title:	Total Contact Hours:
Presenter(s)/Instructor(s):	
Sponsoring Organization:	Date(s):
<input type="checkbox"/> Online -- Website: _____	
<input type="checkbox"/> Live -- Location: _____	
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CFRP (child) Domain(s): <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI <input type="checkbox"/> VII <input type="checkbox"/> VIII	

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Hours Reported on This Page: _____

Total Hours Reported: _____

COMPLETE MULTIPLE COPIES IF NEEDED