SOCRA
The Society of Clinical Research Associates

CCRP® Certification Form 1011

This form is for use by candidates applying under ELIGIBILITY CATEGORY #2 on the SOCRA Certification Application

- Please review the eligibility criteria prior to completing this form to assure that your experience meets the requirements to be considered as a candidate for SOCRA certifi cation.
- This form is to be completed ONLY by applicants who meet the requirements for eligibility criteria # 2 (listed below).
- Do not complete this form if you have completed a minimum of 2 years of working experience as a clinical research professional during the past fi ve years.

✓ **2.** Candidates holding a **degreein** ***"Clinical Research"*** from an Associate, Undergraduate or Graduate Degree Program **AND** having completed a **minimum of one year of full-time experience** (or 1750 hours part-time) during the past two years as a Clinical Research Professional.

INSTRUCTIONS:

Please complete the following information regarding your educational history and provide the documentation requested below. This form and documentation should be submitted to the SOCRA offi ce along with the SOCRA certifi cation application form and application portfolio.

IMPORTANT: In ordertobeconsidered forSOCRA certification,youmustcompleteALL fi elds belowandprovide ALL supporting documentation requested below. If you have questions regarding your eligibility, please contact the SOCRAoffice.

Degree Program in Clinical Research

1. List the details of the program

Full Title of Degree Awarded _____

University (Institution) _____

City _____ State/Province _____ Country _____

Date Awarded _____

2. Attach a copy of your transcript showing that you have been awarded the above listed degree
3. Attach a copy of the program syllabus including course descriptions for required coursework

Candidate Information

PRINTNAME(First,Last)_____ Member ID _____

I attest that the information provided is accurate and understand that falsifi cation or misrepresentation of my application information will invalidate my certifi cation status.

Candidate Signature _____ Date _____ *(MM/DD/YY)*

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