



CPRE Exam-only Application Form



The exam-only application is to be used by individuals who need to retake the CPRE examination.

First Name: _____ MI: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ NRPA Member Yes # _____ No

Do you have a disability that would require special accommodations for taking the exam? Yes No

If yes, please complete the Special Accommodation Request Form, available at www.nrpa.org/cpre

Return application to:
National Recreation and Park Association
CL#500007
PO Box 5007
Merrifield, VA 22116-5007

Examination Fee (Non-refundable) - \$195

Please make checks payable to: National Recreation and Park Association (NRPA)

Check Credit Card: Visa MasterCard American Express Discover

Credit Card Number: _____ Expiration Date: _____

Name on Credit Card: _____ CVV: _____

Signature: _____

Billing Address: _____

AGREEMENT TO ALL TERMS – I certify that all the information given in this application is true and correct to the best of my knowledge. I further understand that false representation relative to any information will provide the basis for withdrawal of certification. I have read, understood and agree to comply with the CPRP/CPRE Policies and Procedures. I authorize NRPA and the National Certification Board to release my contact information and current certification status to appropriate park and recreation leadership, the media, and the general public.

Signature _____ Date _____