

Indiana Park and Recreation Association Certification Board

Continuation of Certification Application

**12/1/09 Renewal Date
Filing Deadline 3/1/2010**

Please Print or Type

Certification # _____

First Name & MI _____ Last Name _____

Home Address _____

City _____ State _____ Zip _____

Evening Phone _____ Day Phone _____

Are you an NRPA Member? Yes No If yes, Membership # _____

E-mail Address: _____

Are you a Federal or Military employee? Yes No

Current Level of Certification

Please circle one category:	NRPA Member	Non-member
Professional	\$ 40.00	\$ 50.00
Provisional	\$ 35.00	\$ 45.00
Associate	\$ 30.00	\$ 40.00

Form of Payment: check credit card

Account #: _____ Expires: _____

Signature: _____

(If denied continuation of certification, you will be refunded 50% of the original fee.)

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.

Signature of Applicant _____ **Date** _____

FOR OFFICE USE ONLY:

Certification approved?	Updated in Computer?
Total CEUs approved?	Certificate printed?
New renewal date?	

Continued Professional Development Summary

The following information must be printed or typed on this form for this renewal application to be considered complete. Please answer the following questions before completing each entry in this section:

- ◆ Was the program begun and completed between 12/01/07 and 12/01/09?
- ◆ Were Continuing Education Units (CEUs) offered, or was this a “for credit” college or university course?
- ◆ Do you have a program transcript or certificate including ALL of the following information: your name, program dates, times, and the number of CEUs or college credits acquired?

If you intend to utilize the Professional Service Experience credit option, you must complete the PSE Application and submit the indicated required documentation. Otherwise, please complete the following:

1. Date & Location of Program _____

Title of Program CEUs/Co Illege Credits Acquired

2. Date & Location of Program _____

Title of Program CEUs/Co Illege Credits Acquired

3. Date & Location of Program _____

Title of Program CEUs/Co Illege Credits Acquired

4. Date & Location of Program _____

Title of Program CEUs/Co Illege Credits Acquired

5. Date & Location of Program _____

Title of Program CEUs/Co Illege Credits Acquired

Total Number of PSE credit (0.5 PSE maximum) _____

Total Number of CEUs _____

For additional entries of CEUs or academic credits please use a separate sheet of paper, following the above format.

Continued Professional Development

Continuation of certification shall be contingent upon completion of a minimum of two (2.0) Continuing Education Units or equivalent academic course work from an accredited college or university in each 24-month period. **Each application must include documentation of CEUs, academic credit, or PSE credit at the time of submission.** Applications received without proof of CEUs will be returned to the applicant to be re-submitted.

Please return to:

Indiana Park & Recreation Association
Certification Board
P. O. Box 888, Cicero, Indiana 46034