



Application for Certification

Qualified Instructor

Print, sign, scan and return completed form and required materials to info@prcainfo.org

Date: _____
month / day / year

PRCA Member: Yes No

Last Name: _____

Date of Birth: _____
month / day / year

First Name: _____

Middle Initial: _____

Home Address: (required) Use for correspondence

Employer Address: (required) Use for correspondence

Cell Phone: () _____

Work Phone: () _____

Email: _____

Education:

High School Graduate or Equivalent: School _____ Other _____

College: School _____ Degree(s) _____

Trainer / Adult Learning Principles / Certification Related Training:

Organization: _____ Type of Training _____ Hours _____

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Employment History: (Must meet PRCA Certification Program Policy Requirements for level of certification sought)

Current Employer: _____

Date Hired: ___ / ___ / ___ Position: _____

Describe Duties: _____

Former Employer: _____

Dates: ___ / ___ / ___ to ___ / ___ / ___ Position: _____

Describe Duties: _____

Instruction Performance Experience last two years (Check applicable boxes and insert quantity of courses instructed)

Low challenge course Qty ____ Climbing tower Qty ____ Indoor climbing wall Qty ____

High challenge course (static belay) Qty ____ High challenge course (assisted /dynamic belay) Qty ____

Challenge course zip line Qty ____ Vertical climbing challenges Qty ____

Aerial adventure park Qty ____ Zip line / canopy tour Qty ____

Attach: Written verification from the employer (on letterhead) that the candidate's application information is correct.

Documentation related to Training / Adult Learning Principles / Certification Related Training received

I hereby certify that the above information is true. I understand that any false statements will disqualify me from the PRCA Certification program. I have read and understand the PRCA Certification Program Policies and agree to follow them in the discharge of my duties. I understand that failing to provide required documentation will delay receipt of examination results and may result in the certification not being granted.

Signature _____ Date _____

(Application fee, prep session and examination fees must be paid before application is considered – fees may be paid by credit card at www.prcainfo.org OR by check made out to PRCA, mailed to PRCA, 6260 E. Riverside Blvd., #104, Loves Park, IL 61111)

For PRCA Office Use Only

App. Empl. Edu. Payment Candidate's Exam ID # _____ Emailed to Candidate