



# Application for Certification Renewal

## Qualified Instructor

Print, sign, scan and return completed form and required materials to [info@prcainfo.org](mailto: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: \_\_\_\_\_

Current Certification # \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Current Employer: \_\_\_\_\_

Date Hired: / / Position: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

Former Employer: \_\_\_\_\_

Dates: / / to / / Position: \_\_\_\_\_

Describe Duties: \_\_\_\_\_

- Attach:  Documentation demonstrating having received 3.2 CEUs in the field of instruction/teaching OR 32 credit hours of PRCA approved training since the expiring certification was issued.  
 Documentation demonstrating that the applicant has presented the required minimum of 60 hours of employee training since the expiring certification was issued.  
 Copy of applicant's current professional insurance OR employer's current insurance ACORD form showing that the applicant or their employer carries the proper insurance to deliver employee training.

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will delay my renewal of certification and may result in the renewal not being granted and the Certification being withdrawn.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Certification renewal fees must be paid before application is considered – fees may be paid by credit card at [www.prcainfo.org](http://www.prcainfo.org) OR by check made out to PRCA, mailed to PRCA, 6260 E. Riverside Blvd., #104, Loves Park, IL 61111)

<b>For PRCA Office Use Only</b>					
<input type="checkbox"/> App.	<input type="checkbox"/> Doc.	<input type="checkbox"/> Training.	<input type="checkbox"/> Payment	<input type="checkbox"/> Renewal approved	<input type="checkbox"/> Emailed to Applicant