



**APPLICATION FOR WAIVER OF PREPARATORY SESSION REQUIREMENT
FOR CERTIFICATION AS A PRCA LEVEL II INSPECTOR
Advanced In-House & Professional Inspector Service Provider**

Complete, print, sign, scan and return form to info@prcainfo.org

The primary purpose of prerequisites is to ensure candidates possess the necessary skills to be academically successful on the written exams. While the traditional manner by which candidates demonstrate their readiness is through the completion of the preparatory session in exceptional cases students may acquire requisite skill or knowledge through other means. In these cases, the preparatory session prerequisites may be waived with appropriate PRCA approval.

Date: _____ **PRCA Member:** Individual Organizational
month / day / year

First Name: _____ **Middle Initial:** _____ **Last Name:** _____

Date of Birth: _____ **Email:** _____
month / day / year

Home Address: (required) Use for correspondence **Employer Name & Address:** (required) Use for correspondence.

_____	_____
_____	_____
_____	_____

Cell Phone: () _____ **Work Phone:** () _____

Waiver Requested: (check box)

PRCA Level I Inspector Certification preparatory session.

PRCA Level II Inspector Certification preparatory session.

Justification for waiving prerequisite or corequisite (check all that apply):

- Completed the PRCA Level I and Level II preparatory sessions within the last two (2) years.
- Transfer equivalent knowledge from a current NAARSO or ACCT Inspector Certification
- Demonstrated competency in the content of the prerequisite preparatory session obtained through professional application or life experiences that are deemed equivalent to or that supersede the prerequisite. (Employer must attach a signed statement of support for the candidate's experiences).
- Other rationale (attach appropriate documentation).

- I hereby certify that the foregoing information is true and accurate to my best belief.
- I understand that any false statements will disqualify me / my employee from the PRCA Inspector Certification Program now and in the future.
- I have read and understand the PRCA Certification Program Policies and agree to follow them in the discharge of my duties as a certified inspector.

Candidate Signature: _____ Date: _____

Employer Signature: _____ Date: _____

(This form must accompany the candidate's application for certification for the waiver to be considered.)

For PRCA Office Use Only		
<input type="checkbox"/> Waiver Approved	<input type="checkbox"/> Waiver Denied	<input type="checkbox"/> Emailed to candidate.