



Approved Provider of Continuing Education: Application for Approval

Standard 2.2: Primary Contact Designation: APs must clearly designate the Primary Contact of their CE programming responsible for ensuring they meet the PRA Standards for Continuing Education.

Primary Contact Name: _____

Title: _____

Street Address: _____

Street Address 2: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Standard 2.1: Inclusion of Credentialed Individual(s) in Planning Process. APs must ensure that a current CPRP and/or CFRP has direct input in all phases of the decision-making and program-planning process for activities offering CPRP and/or CFRP contact hours. **if applying to provide both Credit Types, must be dual-certified, or provider must include two individuals (one with each credential). Second individual may be included on a second copy of this page.*

CPRP and/or CFRP Name: _____

Title: _____

Street Address: _____

Street Address 2: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Phone: _____ Fax: _____ Email: _____