



# NRPA CPRP Exam Application Computerized Test



Please complete application and return with \$195 examination fee to your State Professional Certification Board (PCB) or the NRPA for Direct National Certification. (Direct National Certification is only for those that are employed by the military or federal government and those residing in Alaska, California, District of Columbia, Hawaii, Minnesota, Montana, North Carolina, or Texas.) If eligible for the exam, the state association will forward the application and fee to NRPA. A postcard/email will be sent from AMP testing company with instructions to set up a time and date to sit for the exam.

### Special Instructions:

1. Please complete both sides of the application. Once your application is processed by your state PCB or DNC and your testing postcard and/or email have been sent from AMP, the testing company, you will be able to schedule your exam. You must take your exam by the date on your postcard, which will match the testing eligibility expiration date assigned to you by your state PCB or DNC office.
2. Please download a Certification Handbook from [www.nrpa.org/certification](http://www.nrpa.org/certification). Please read carefully. This will explain the procedures, proper ways to prepare, and provide exam tips.
3. Refer to the test postcard/email from AMP to identify the phone number to call or website to use to set up the date, time, and the location of your exam. Please go to [www.goamp.com](http://www.goamp.com) to view a list of testing centers.
4. **The test must be taken by the date on the postcard/email from AMP Testing Company.  
APPLICATION FEE WILL BE FORFEITED IF TEST IS NOT TAKEN BY DEADLINE!!**

To be completed by applicant. (Please type or print clearly)

1st sitting

Retake

NAME Dr. Mr. Mrs. Ms.

\_\_\_\_\_

Last

\_\_\_\_\_

First

\_\_\_\_\_

M.I.

PERMANANT  
MAILING  
ADDRESS

\_\_\_\_\_

Street

\_\_\_\_\_

Apt #

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

E-mail Address \_\_\_\_\_

TELEPHONE Work (\_\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_\_) \_\_\_\_\_

If residing outside of continental United States, Name of Country \_\_\_\_\_

Do you have a disability that would require special accommodations for taking the examination:

Yes  No

If yes, please complete the Special Accommodation Request Form, available at [www.nrpa.org/CPRPforms](http://www.nrpa.org/CPRPforms).

### METHOD OF PAYMENT OF EXAMINATION FEE (\$195.00)

Check (Payable to NRPA)

VISA  MasterCard  American Express

Money Order (Payable to NRPA)

Account # \_\_\_\_\_

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

Signature \_\_\_\_\_

CERTTEST

FOR ANALYTICAL PURPOSES, PLEASE COMPLETE THE FOLLOWING:

1. Years of full time employment within field of recreation, park resources or leisure services. \_\_\_\_\_
  
2. Type of agency in which you are currently employed  
\_\_\_\_\_ Public Tax Supported    \_\_\_\_\_ Private /For Profit    \_\_\_\_\_ Private/Not For Profit  
\_\_\_\_\_ Military    \_\_\_\_\_ Public-Fee Supported    \_\_\_\_\_ Other
  
3. What is your current level of responsibility?  
\_\_\_\_\_ Administrator    \_\_\_\_\_ Student    \_\_\_\_\_ Educator  
\_\_\_\_\_ Supervisor/Manager    \_\_\_\_\_ Specialist    \_\_\_\_\_ Program Coordinator  
\_\_\_\_\_ Other \_\_\_\_\_
  
4. What is the range of your annual earnings from the recreation, park resources, or leisure services field?  
\_\_\_\_\_ 0-4,999    \_\_\_\_\_ 5,000-9,999    \_\_\_\_\_ 10,000-14,999  
\_\_\_\_\_ 15,000-19,999    \_\_\_\_\_ 20,000-24,999    \_\_\_\_\_ 25,000-29,999  
\_\_\_\_\_ 30,000-34,999    \_\_\_\_\_ 35,000-49,999    \_\_\_\_\_ Over 50,000
  
5. What is your principle reason for applying to take this examination?  
\_\_\_\_\_ Career Advancement    \_\_\_\_\_ Employment Requirement    \_\_\_\_\_ Prestige/Status  
\_\_\_\_\_ Professional Commitment    \_\_\_\_\_ Other \_\_\_\_\_
  
6. List all undergraduate and graduate degrees, majors & universities:  
\_\_\_\_\_  
\_\_\_\_\_

Please Return To:  
  
MS Recreation & Parks Association  
PO Box 16451  
Hattiesburg, MS 39404-6451

To be completed by Chairman of State Certification Board or NRPA staff for DNC applicants:	
I certify that the applicant named above meets the eligibility requirements established by the National Certification Board to sit for the Certified Park and Recreation Examination.	
Signature _____	State _____ Date _____
Applicant's testing expiration date: _____ (Applicant will have until this date to test.)	
<b>This date should be no more than one year away!</b>	
Did applicant graduate with a park, recreation, and/or leisure services degree from an NRPA/AAPAR accredited university?	YES    NO