



Illinois Park and Recreation Certification Board  
2008 Certification Renewal Form  
Certification Year 2008

Office Use Only  
Received:  
Approved:  
CERTSENT:

Return to:  
IPRCB , 1815 S. Meyers Rd. Suite 400  
Oakbrook Terrace, IL 60181

Please print or type

Title (e.g. Mr./Mrs.): \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email address: \_\_\_\_\_ Illinois Park & Recreation Association member?  Yes  No

National Recreation & Park Association member?  Yes  No Renewal for  CPRP  APRP  PPRP

**CERTIFICATION RENEWAL FEE INFORMATION**

<b>Application Fees</b>	
<b>Renewal Period 6/1/2006-5/31/2008 – Renew to 6/1/2008 – 8/31/2010</b>	<b>\$ 50.00</b>
Please check. Renewal for <input type="checkbox"/> CPRP <input type="checkbox"/> APRP <input type="checkbox"/> PPRP	

Continuation of certification shall be contingent upon completion of a minimum of two (2.0) Continuing Education Units or equivalent academic course work from an accredited college or university in each 24-month period. The current renewal period includes all continuing education units earned between **6/1/2006-5/31/2008**. All applications will be reviewed. 10% of all applications will be audited. Upon notification of being audited, **each applicant must provide documentation of CEUs, academic credit, and/or PSE credit during this two-year period.**

**PAYMENT IS DUE JUNE 1, 2008**

Form of Payment: Check (Include Check #) _____	Credit Card (Please circle) <u>Master Card</u> <u>Visa</u> _____
Account # _____	Expires _____
Signature _____	Zip Code of Cardholder _____

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# Continued Professional Development Summary

The following information must be printed or typed on this form if you are renewing with CEUs and for this application to be considered complete. Please answer the following questions before completing each entry in this section:

Was the program begun and completed during current certification cycle? **6/1/2006-5/31/2008**

Do you have a program transcript or certificate including ALL of the following information: your name, program dates, times, and the number of CEUs or college credits acquired?

1. Date & Location of Program \_\_\_\_\_  
Title of Program \_\_\_\_\_ CEUs/College Credits Acquired \_\_\_\_\_

2. Date & Location of Program \_\_\_\_\_  
Title of Program \_\_\_\_\_ CEUs/College Credits Acquired \_\_\_\_\_

3. Date & Location of Program \_\_\_\_\_  
Title of Program \_\_\_\_\_ CEUs/College Credits Acquired \_\_\_\_\_

4. Date & Location of Program \_\_\_\_\_  
Title of Program \_\_\_\_\_ CEUs/College Credits Acquired \_\_\_\_\_

5. Date & Location of Program \_\_\_\_\_  
Title of Program \_\_\_\_\_ CEUs/College Credits Acquired \_\_\_\_\_

**If you intend to utilize the Professional Service Experience credit option, you must complete the PSE Application and submit the indicated required documentation.**

Total Number of PSE credit (0.5 PSE maximum) \_\_\_\_\_  
Total Number of CEUs \_\_\_\_\_

For additional entries of CEUs or academic credits please use a separate sheet of paper, following the above format.

## AGREEMENT TO ALL TERMS

By signing, I certify that all the information given in this application is true and correct to the best of my knowledge. I further understand that false representation relative to any information will provide the basis for withdrawal of certification. **I authorize IPRCB to forward my contact information and current certification status to the National Certification Board to complete the transferring of certification to NRPA.**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_