



Certified Professionals in IACUC Administration (CPIA®)



EXAMINATION APPLICATION

You must complete all sections of this form. Please include credit card information or enclose a company check, cashier's check or money order payable to PSI Services Inc. for the appropriate amount. Mail the application and fee to:

**CPIA Examination, PSI, 18000 W. 105th St., Olathe, KS 66061-7543.
For further information, call Candidate Services at 833-333-4755.**

PERSONAL INFORMATION (please print using black or blue ink)

Name: _____
(Last, First, Middle)

Date of Birth: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

Email Address: _____

Street Address: _____

City: _____ State: _____

Zip Code/Postal Code: _____ Country: _____

ELIGIBILITY REQUIREMENTS

Please indicate which of the following eligibility requirements qualifies you for the examination:

- Bachelor's degree plus two (2) years of relevant IACUC experience, completed on or before the first choice of the chosen testing period, within the past seven years
- Four (4) years of relevant IACUC experience, completed on or before the first choice of the chosen testing period, within the past seven years

EXAMINATION INFORMATION

I am including a Special Accommodations Request:

- No
- Yes (Complete the form included in this handbook.)

I am a:

- New Applicant
- Reapplicant
- Recertifier

ENCLOSED DOCUMENTATION

- Résumé or CV showing relevant IACUC experience
- CPIA Exam Work Experience Verification Supplemental Form

MEMBERSHIP STATUS

If you are a current member of PRIM&R, you are eligible for the reduced CPIA Examination fee. Please provide your membership number below.

Membership Number: _____

EXAMINATION FEE

Payment may be made by credit card, company check, cashier's check or money order payable to PSI Services Inc.

Candidates testing within the United States

- Member of PRIM&R \$350
- Non-Member. \$475

Candidates testing in U.S.-territory or international Test Center

- Member of PRIM&R \$460
- Non-Member. \$585

If payment is made by credit card, complete the following;

- VISA MasterCard
- Discover American Express

I agree to pay the amount indicated according to card issuer agreement.

Credit Card Number _____

Expiration Date _____

Name on Card _____

Signature _____

DEMOGRAPHIC QUESTIONS

1. Which of the following best describes your certification status?
 - I have never been CPIA certified.
 - I am currently CPIA certified and am applying for recertification.
 - I was previously certified but my certification has lapsed, and I am applying for reinstatement.
2. What percent of your working time is currently spent on IACUC activities?
 - Less than half of my time
 - More than half of my time
 - All of my time is spent on IACUC activities.
3. What is your primary role on IACUC activities?
 - IACUC Staff/Administrator/Manager
 - IACUC Chair with IACUC administrative responsibility
 - Other
4. How many years of experience do you have in IACUC activities?
 - 2 years
 - 3 – 4 years
 - 5 years
 - 6 – 10 years
 - More than 10 years
5. Which of the following is your primary employer?
 - Academic - Nonmedical
 - Academic - Medical
 - Biotechnology Company/Device Manufacturer
 - Clinic/Hospital
 - Contract Research Organization/Site Management Organization
 - Government (Federal, State, Local)
 - Industrial/Corporate
 - Research Institute/Foundation
 - VA/Military Medical
 - Other
6. What is the highest academic level you have achieved?
 - High school or equivalent
 - Some college
 - Associate’s degree
 - Bachelor’s degree
 - Master’s degree
 - Doctoral degree
 - DVM/VMD
7. What is the number of full-time or equivalent people in your office supporting IACUC activities?
 - Less than 1.0
 - 1.0 – 2.9
 - 3 – 4.9
 - 5.0 – 9.9
 - More than 10
8. My institution is: *(Check all that apply)*
 - AAALAC accredited
 - PHS-assured
 - USDA-registered
 - DOD-funded
 - VA-funded
 - None of the above
9. Which of the following are your job functions? *(Check all that apply)*
 - Manage the workflow for the IACUC protocol review process, from submission to approval, or communicate the IACUC’s review of the protocol
 - Manage the facility inspection and program review processes
 - Develop, manage, and/or implement IACUC policies, procedures, and guidelines
 - Direct the preparation of and/or prepare regulatory/accreditation documents (e.g., AAALAC, DOD, OLAW/PHS, USDA, VA)
 - Manage the continuing IACUC oversight of animal activities and the investigation of animal welfare concerns and/or noncompliance
 - Provide administrative support for IACUC committee functions
 - Develop and/or manage training programs regarding IACUC functions and animal care and use regulations/guidance
10. Where did you hear about the CPIA Program?
 - PRIM&R Conference/Newsletter
 - Job Requirement
 - Colleague
 - Other
11. Are you a member of PRIM&R? *(Membership is not required for eligibility)*
 - Yes
 - No
12. What is your ethnicity? *(optional information that will be used only for statistical summaries)*
 - American Indian or Alaska Native (including all Original Peoples of the Americas)
 - Asian (including Indian subcontinent and Philippines)
 - Black or African American (including Africa and Caribbean)
 - Native Hawaiian or Other Pacific Islander (Original Peoples)
 - White (including Middle East)
 - Hispanic/Latino (including Spain)
 - I prefer not to say.
 - Other
13. What is your age range? *(optional information that will be used only for statistical summaries)*
 - 19 – 24
 - 25 – 34
 - 35 – 44
 - 45 – 54
 - 55 – 65
 - 65 or older
 - I prefer not to say.
14. What is your gender? *(optional information that will be used only for statistical summaries)*
 - Female
 - Male
 - Transgender
 - Self-Identify _____
 - I prefer not to say.

SIGNATURE

I certify that I meet eligibility requirements for certification as a Certified Professional in IACUC Administration, as outlined in the CPIA Handbook. My IACUC experience has been substantial and ongoing, as described in the CPIA Handbook. I have not had any disciplinary action taken against my professional license or certification which I currently hold or have held in the past. I have read and agree to abide by the Code of Ethics, as outlined in the CPIA Handbook. All information provided in support of this application is current, accurate and complete.

I understand that any falsification of facts in the application, violation of testing procedures or violation of the CPIA Code of Ethics may lead to revocation of CPIA certification or may bar me from applying for such certification.

Names and contact information of all successful candidates will be provided to PRIM&R.

By signing and dating below, I certify to all of the above statements.

Sign and date in ink.

Name (Please Print): _____

Signature: _____ Date: _____