Certification Examination for Professionals in IACUC Administration

Candidate Handbook

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<td><strong>Spring 2019</strong></td>
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<tr>
<td>Application Begin Date</td>
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<tr>
<td>October 29, 2018</td>
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<tr>
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This handbook contains necessary information about the Certification Examination for Professionals in IACUC Administration (CPIA® Examination). Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.

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Code of Ethics for Certified Professionals in IACUC Administration

The following code of ethics was developed in recognition of the vital role that Certified Professionals in IACUC Administration play in the ethical conduct of Institutional Animal Care and Use Committee (IACUC) activities. It is the responsibility of each Certified Professional in IACUC Administration (CPIA®) to aspire to the highest possible standards of conduct in order to enhance the humane care and use of animals in research, testing and teaching activities.

As a Certified Professional in IACUC Administration, I will:

- Conduct myself personally and professionally with honesty and integrity at all times to inspire trust and confidence in my actions;
- Promote due consideration for the balance of animal welfare, scientific objectives, and regulatory compliance;
- Consistently apply ethical standards pertaining to animal care and use in a research, testing, and/or teaching environment;
- Provide guidance to the IACUC, the investigators, and the institution to ensure that all activities are conducted in keeping with the ethical foundation of the US Government Principles for the Humane Care and Use of Animals;
- Know and adhere to applicable federal, state, and local laws and regulations, as well as institutional policies and guidelines pertaining to the care and use of animals;
- Fully disclose or avoid all potential conflicts of interest and personal bias when rendering professional services, judgments, and assessments;
- Avoid using proprietary knowledge or private information for personal gain;
- Ensure that all confidential and private information that comes into my possession is protected;
- Pursue ongoing education, network with colleagues, and consult with others to develop and maintain the highest possible level of current knowledge and understanding in my field;
- Facilitate and encourage open communication among all parties, recognizing the shared responsibility for the ethical conduct of research, teaching, and testing based on animal models;
- Only use the designation of CPIA during the period for which my certification is valid.

Effective Date: May 2007
Last Updated: May 2018
Purposes of Certification

To advance the quality and consistency of an institution’s animal care and use program through effective IACUC administration by:

1. Recognizing formally those individuals who meet the eligibility requirements established for the program and pass the Certification Examination for Professionals in IACUC Administration.
2. Encouraging continued personal and professional growth in the oversight of animal care and use programs.
3. Establishing and measuring the level of knowledge required for certification in IACUC administration.
4. Demonstrating a standard level of knowledge about management of IACUCs under United States rules and regulations to those involved in animal care and use, the institution, and the public.

Eligibility Requirements

The Certified Professional in IACUC Administration (CPIA) program is for individuals whose primary job responsibilities include a substantive role in the development, management, oversight, and administration of an institution’s animal care and use committee (IACUC) and/or assigned to perform the daily activities in the administration of the institution’s animal care and use program. The CPIA designation is not intended to be used as a means of qualification for IACUC-related employment for applicants who do not have any prior IACUC-related work experience. Candidates must qualify to sit for the CPIA examination by one of the following routes:

• A bachelor’s degree and two (2) years of qualifying, relevant IACUC experience within the past seven (7) years

or

• Four (4) years of qualifying, relevant IACUC experience within the past seven (7) years

Part-time experience is calculated by the percentage of effort spent on IACUC administration-related work, based on the following formula:

1 year of experience x 50% effort in IACUC administration = 6 months of eligible experience

If your institution does not employ an FTE exclusively assigned to IACUC administration-related work, part-time experience is calculated by the percentage of effort the institution assigns for IACUC administration, based on the following formula:

1 year of experience x 30% of institutional program effort = 4 months of eligible experience

Experience comprises both time and quality components and is defined as the direct performance or responsibility for activities that characterize the IACUC administrator. Qualifying, relevant institutional IACUC experience must represent a commitment to ensure appropriate care of research animals and requires the performance of IACUC functions, as listed below, at the institutional level. Candidates must be responsible for the development, management, implementation, oversight, and administration of the:

• IACUC protocol review process, from submission to approval
• Semiannual program review and facility inspection processes
• IACUC policies, procedures, and guidelines
• Regulatory/accreditation processes (e.g., AAALAC, DOD, OLAW/PHS, USDA, VA)
• Continuing IACUC oversight of animal activities and the investigation of animal welfare concerns and/or noncompliance
• Support for IACUC committee functions
• Training programs regarding IACUC functions and animal care and use regulations/guidelines.

The following roles alone do not meet the primary eligibility requirements for performance of IACUC administrative functions:

• IACUC member
• Veterinary professional or paraprofessional
• Institutional official
• Investigators/research staff
• Laboratory animal facility management and staff

If these requirements are met, a candidate must then:

• Complete and file a CPIA Exam Application including a CV/résumé that clearly reflects responsibilities and experience in the administration of an IACUC and animal care use program and the associated percentage time commitment
• Adhere to the Code of Ethics for Certified Professionals in IACUC Administration

Attainment of Certification and Recertification

Candidates who pass the Certification Examination for Professionals in IACUC Administration are eligible to use the registered designation “CPIA®” after their names and will receive certificates from PRIM&R. A registry of Certified Professionals is available on the PRIM&R website.
Professionals in IACUC Administration will be maintained by PRIM&R and may be reported in its publications.

Certification is recognized for a period of five (5) years at which time the candidate must retake and pass the current CPIA examination or meet such alternative requirements that demonstrate continuing professional growth and education as set forth in the CPIA® Recertification Guidelines. The CPIA Council highly recommends that certified individuals be aware of their credential expiration date. PRIM&R routinely sends certification expiration reminders to CPIAs. However, it is the credentialed individual’s responsibility to ensure their contact information with PRIM&R is up to date and to initiate the recertification process.

An individual wishing to continue using the CPIA credential after his/her name must maintain a current certification. CPIAs are responsible for maintaining their certification. Individuals who fail to recertify within six months of their certification expiration date must cease to use the CPIA® credential after their name.

Revocation of Certification
Certification will be revoked for any of the following reasons:
1. Falsification of an application
2. Misrepresentation of certification status
3. Violation of CPIA® Code of Ethics

An individual may appeal their revocation in writing to PRIM&R staff, who will facilitate Council review. This appeal must be dated no later than 30 days from the date on the original notification from the Council, and the candidate must provide a rationale for his/her claim that the decision to revoke was arbitrary or capricious.

Application Procedure
The examination application can be submitted online or completed using the application form in this handbook. Candidates must complete the examination application in full, using your name exactly as it appears on your current government-issued photo ID such as a driver’s license or passport.

NOTE: All applications are subject to audit and request for supporting documentation.

1. Apply online. The completed application, with all documentation (if required), can be submitted and paid for online at: www.goAMP.com. Click on “Candidates” and follow the simple, step-by-step instructions to choose your examination program and register for the examination. Please have your credit card available for online payment of examination fees.

Candidates must upload a current CV/résumé as well as a supporting signature from a supervisor, human resources representative, or a CPIA®-certified sponsor on the CPIA Supplemental Signature Form. Note that the training and experience requirements must be completed before submitting your application. Do not submit an application if you have not met the eligibility requirements.

2. Apply by mail. Complete and sign the examination application found in this handbook. An electronic form is available on www.goAMP.com. Read and follow the directions on the application and in this handbook.

Mail the application, required documentation, and fee(s) to: PSI, CPIA Examination Application, 18000 W. 105th St., Olathe, KS 66061-7543.

The application and appropriate fees for the examination must be received by PSI within the application dates for the corresponding 2019 Testing Window.

<table>
<thead>
<tr>
<th>Testing Window</th>
<th>Application Deadline</th>
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<tr>
<td>April 12-24, 2019</td>
<td>March 1, 2019</td>
</tr>
<tr>
<td>October 14-23, 2019</td>
<td>August 30, 2019</td>
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Appeal of Eligibility Determination
Candidates’ eligibility determination may be appealed within 30 days of the date on the original notification. Appeals must be directed to PRIM&R staff in writing, and must provide a rationale for the candidate’s claim that the original determination was arbitrary or capricious. PRIM&R staff will facilitate the appeals process on behalf of the Council.

Fees
Testing in the United States:
- PRIM&R Members: $350
- Nonmembers: $475

Testing in U.S. territories or internationally:
- PRIM&R Members: $460
- Nonmembers: $585
- Transfer fee to next testing window: $100

Make cashier’s check, money order or company check payable to PSI Services Inc. VISA, MasterCard, American Express and Discover also are accepted. Please complete the credit card payment form on the application. Personal checks and cash are not accepted.
Fees may not be transferred from one individual to another.

For candidates found ineligible and unable to schedule a testing appointment, PSI will refund the examination fee to the candidate, less a $6 processing fee.

In order to obtain the special member registration rate, PRIM&R members must provide proof of their membership. To do so, please follow these instructions: http://www.primr.org/Subpage.aspx?id=1571

**Scheduling Your Examination Appointment**

Once your application has been received, processed, and your eligibility verified, PSI will notify you of your eligibility through email. You may schedule your examination appointment with PSI by one of the following methods:

1. **Online Scheduling.** Visit www.goAMP.com and select “Candidates” to schedule an examination appointment.

2. **Telephone Scheduling.** Call PSI at 1-833-333-4755 to schedule an examination appointment. This toll-free number is answered from 7:00 a.m. to 9:00 p.m. (Central Time) Monday through Thursday, 7:00 a.m. to 7:00 p.m. on Friday and 8:30 a.m. to 5:00 p.m. on Saturday.

Examinations are delivered by computer at PSI Test Centers located throughout the United States and internationally. Computer examinations are administered during the two-week testing window by appointment only Monday through Saturday. Appointment times are first-come, first-served, so schedule your appointment as soon as you receive notice of your eligibility. Starting times may vary by location.

It is your responsibility as the candidate to schedule your examination appointment. It is highly recommended that you become familiar with the testing site prior to the exam. Specific address information will be provided when you schedule your examination appointment. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. **A candidate who arrives more than 15 minutes after the scheduled examination time will not be admitted.**

PSI Test Centers have been selected to provide accessibility to the most candidates in all states and major metropolitan areas. A current listing of PSI Test Centers, including addresses and driving directions, may be viewed at the website www.goAMP.com.

**Requests for International Test Centers (Outside United States)**

PRIM&R and PSI are making computerized examinations available outside of the United States. For information regarding the availability of international computerized Test Centers, please visit the website www.goAMP.com. PSI is continuing to expand its international locations, and more locations are being added throughout the year.

Individuals who reside in one of the U.S. territories or applicants who reside outside of the United States who are interested in testing at an international Test Center will need to submit a completed application form, the application fee, and an international Test Center fee of $110. Candidate identification numbers will be assigned when the applications are processed. All other rules and regulations regarding the computerized examination apply to international examination applicants. All examinations will be given in computerized format only. International applicants will not receive instant score reports. Results will be sent via U.S. mail within three to five business days after completion of the examination to the applicant’s address of record.

**Special Arrangements for Candidates with Disabilities**

PSI complies with the Americans with Disabilities Act and ensures that no individual with a disability is deprived of the opportunity to take an examination solely by reason of that disability. PSI will provide reasonable accommodations for candidates with disabilities. Candidates requesting special accommodations must call PSI at 833-333-4755 to schedule their examination.

1. Wheelchair access is available at all established Test Centers. Candidates must advise PSI at the time of scheduling that wheelchair access is necessary.

2. Candidates with visual, sensory, physical or learning disabilities that would prevent them from taking the examination under standard conditions may request special accommodations and arrangements.

Verification of the disability and a statement of the specific type of assistance needed must be made in writing to PSI at least 45 calendar days prior to the desired examination date by completing the Request for Special Examination Accommodations and Documentation of Disability-Related Needs forms. The information you provide and any documentation regarding your disability and your need for accommodations will be treated with strict confidentiality.
Examination Appointment Changes

You may reschedule an examination appointment to another date within the two-week testing window once at no charge by calling PSI at 833-333-4755 at least two business days prior to your scheduled examination appointment. (See table below.)

<table>
<thead>
<tr>
<th>If your Examination is scheduled on...</th>
<th>You must contact PSI by 3:00 p.m. Central Time to reschedule the Examination by the previous...</th>
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<tr>
<td>Monday</td>
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<td>Wednesday</td>
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<td>Monday</td>
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<td>Friday/Saturday</td>
<td>Tuesday</td>
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Transferring to Another Examination Window

Candidates who are unable to take the examination as scheduled may request a transfer to the next testing period. The transfer must be made in writing, submitted to PSI within 30 days of the originally scheduled testing date and must be submitted with a rescheduling fee of $100.

Please note that the transfer fee is based on cost and is not punitive in nature. The Council reserves the right to review and adjudicate any additional requests to reschedule an exam beyond an initial request that has been approved. If a candidate is unable to attend the examination on the date for which they registered and a timely request to transfer is not made, the application will be closed and all fees will be forfeited. There will be no refund of fees.

Inclement Weather/Power Failure/Other Emergency

In the event of inclement weather or unforeseen emergencies on the day of an examination, PSI will determine whether circumstances warrant the cancellation, and subsequent rescheduling, of an examination. The examination will usually not be rescheduled if the Test Center personnel are able to open the Test Center.

You may visit www.goAMP.com prior to the examination to determine if PSI has been advised that any Test Centers are closed. Every attempt is made to administer the examination as scheduled; however, should an examination be canceled at a Test Center, all scheduled candidates will receive notification following the examination regarding rescheduling or reapplication procedures.

For computer based examinations, if power to a Test Center is temporarily interrupted during an administration, your examination will be restarted. The responses provided up to the point of interruption will be intact, but for security reasons the questions will be scrambled.

On the Day of Your Examination

On the day of your examination appointment, report to the Test Center no later than your scheduled time. Once you enter the building, look for the signs indicating PSI Test Center Check-In. A candidate who arrives more than 15 minutes after the scheduled examination time will not be admitted.

Testing Overview Video

A video overview of the testing process and what to expect on your test day can be viewed at http://online.goAMP.com/CandidateHome/CandidateInformation.aspx.

Identification

To gain admission to the Test Center, you must present two forms of identification. The primary form must be government issued, current and include your name, signature and photograph. No form of temporary identification will be accepted. You will also be required to sign a roster for verification of identity.

Examples of valid primary forms of identification are current: driver’s license with photograph; state identification card with photograph; passport; military identification card with photograph.

The secondary form of identification must display your name and signature for signature verification (e.g., credit card with signature, social security card with signature, employment/student ID card with signature).

If your name on your registration is different than it appears on your identification, you must bring proof of your name change (e.g., marriage license, divorce decree or court order).

Candidates must have proper identification to gain admission to the Test Center. Failure to provide appropriate identification at the time of the examination is considered a missed appointment. There will be no refund of examination fees.

After your identification has been confirmed, you will be directed to a testing carrel. You will be prompted on-screen to enter your candidate identification number. Your photograph, taken before beginning the examination, will remain on-screen throughout your examination session. This photograph will also print on your score report.
Security

PSI administration and security standards are designed to ensure all candidates are provided the same opportunity to demonstrate their abilities. The Test Center is continuously monitored by audio and video surveillance equipment for security purposes. The following security procedures apply during the examination:

• Examinations are proprietary. No cameras, notes, tape recorders, pagers or cellular/smart phones are allowed in the testing room. Possession of a cellular/smart phone or other electronic devices is strictly prohibited and will result in dismissal from the examination.
• No calculators are allowed, nor is one required for the examination.
• No guests, visitors or family members are allowed in the testing room or reception areas.

Personal Belongings

No personal items, valuables or weapons should be brought to the Test Center. Only wallets and keys are permitted. Large coats and jackets must be left outside the testing room. You will be provided a soft locker to store your wallet and/or keys with you in the testing room. The proctor will lock the soft locker prior to you entering the testing room. You will not have access to these items until after the examination is completed. Please note the following items will not be allowed in the testing room except securely locked in the soft locker.

• Watches
• Hats
• Wallets
• Keys

Once you have placed your personal belongings into the soft locker, you will be asked to pull out your pockets to ensure they are empty. If you bring personal items that will not fit in the soft locker, you will not be able to test. The site will not store or be responsible for your personal belongings. If any personal items are observed or heard (such as cellular/smart phones, alarms) in the testing room after the examination is started, you will be dismissed and the administration will be forfeited.

Restrictions

• Pencils will be provided during check-in.
• You will be provided with one piece of scratch paper at a time to use during the examination, unless noted on the sign-in roster for a particular candidate. You must return the scratch paper to the proctor at the completion of testing or you will not receive your score report.
• No documents or notes of any kind may be removed from the Test Center.
• No questions concerning the content of the examination may be asked during the examination.
• Eating, drinking or smoking is not permitted in the Test Center.
• You may take a break whenever you wish, but you will not be allowed additional time to make up for time lost during breaks.

Misconduct

If you engage in any of the following conduct during the examination you may be dismissed, your scores will not be reported and examination fees will not be refunded. Examples of misconduct are when you:

• Create a disturbance, are abusive or otherwise uncooperative;
• Display and/or use electronic communication devices such as pagers, cellular/smart phones;
• Talk or participate in conversation with other examination candidates;
• Give or receive help or are suspected of doing so;
• Leave the Test Center during the administration;
• Attempt to record examination questions or make notes;
• Attempt to take the examination for someone else;
• Are observed with personal belongings, or
• Are observed with unauthorized notes, books or other aids.

Practice Examination

Prior to attempting the timed examination, you will be given the opportunity to practice taking an examination on computer. The time you use for this practice examination is not counted as part of your examination time. When you are comfortable with the computer testing process, you may quit the practice session and begin the timed examination.

Timed Examination

Following the practice examination, you will begin the timed examination. Before beginning, instructions for taking the examination are provided on-screen. The examination contains 250 questions. Four hours are allotted to complete the examination. The following is a sample of what the computer screen will look like when candidates are attempting the examination:
The computer monitors the time you spend on the examination. The examination will terminate if you exceed the time limit. You may click on the Time button in the lower right portion of the screen to monitor your time. A digital clock indicates the time remaining for you to complete the examination. The time feature may also be turned off during the examination.

Only one examination question is presented at a time. The question number appears in the lower right portion of the screen. The entire examination question appears onscreen (i.e., stem and four options labeled: A, B, C, and D). Indicate your choice by either entering the letter of the option you think is correct (A, B, C, or D) or clicking on the option using the mouse. To change your answer, enter a different option by typing A, B, C, or D or clicking on the option using the mouse. You may change your answer as many times as you wish during the examination time limit.

To move to the next question, click on the forward arrow (>) in the lower right portion of the screen. This action will move you forward through the examination question by question. If you wish to review any questions, click the backward arrow (<) or use the left arrow key to move backward through the examination.

A question may be left unanswered for return later in the examination session. Questions may also be bookmarked for later review by clicking in the blank square to the right of the Time button. Click on the double arrows (>>>) to advance to the next unanswered or bookmarked question on the examination. To identify all unanswered and bookmarked questions, repeatedly click on the double arrows (>>>). When the examination is completed, the number of questions answered is reported.

If not all questions have been answered and there is time remaining, return to the examination and answer those questions. Be sure to answer each question before ending the examination. **There is no penalty for guessing.**

### Challenges to Examination

Candidates may question the reliability, validity, and/or fairness of examination questions by completing the Candidate Comment Form at the time of examination. Additionally, candidates can formally challenge exam content by submitting their concern in writing to PRIM&R staff, who will facilitate the Council’s review. The letter of challenge or complaint must be dated no later than 14 days from the date on which the complainant took the exam. The Council will not consider challenges or complaints sent after this deadline.

If the Council determines that changes are merited by an appeal and/or by its review of the relevant regulatory requirements and established regulatory guidance, then an amendment will be made to the answer key. The impact on passing scores will be assessed; if it is determined that a change would alter the outcome for an unsuccessful candidate, the Council shall either issue the certification or (if the candidate has already retaken and passed the exam) issue a refund of the examination fee. Examination material is not available for review by candidates.

### Report of Results

Candidates will be mailed their results in writing by PSI within four to six weeks of the close of the testing period. Scores on the major areas of the examination and on the total examination will be reported. Successful candidates will receive certificates from PRIM&R.

### Reexamination

The Certification Examination for Professionals in IACUC Administration may be taken as often as desired upon filing of a new application and fee. There is no limit to the number of times the examination may be repeated.

### Confidentiality

1. PRIM&R will release individual test scores ONLY to the individual candidate or to persons or organizations authorized by the candidate in writing to receive the score(s).
2. Any questions concerning test results should be referred to PSI.
Content of Examination

1. The Certification Examination for Professionals in IACUC Administration is a written examination composed of a maximum of 250 multiple-choice, objective questions with a total testing time of four (4) hours.

2. The content for the examination is described in the Body of Knowledge/Content Outline below.

3. The questions for the examination are obtained from individuals with expertise in the oversight of animal care and use programs and are reviewed for construction, accuracy, and appropriateness by the CPIA Council.

4. The CPIA Council, with the advice and assistance of PSI, prepares the examination.

5. The questions for the Certification Examination for Professionals in IACUC Administration will be weighted in approximately the following manner:

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<tr>
<th>Section</th>
<th>Percentage</th>
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<tbody>
<tr>
<td>I. Regulatory Foundations, Historical Development, Government Oversight, and Accreditation of Laboratory Animal Care Programs</td>
<td>23%</td>
</tr>
<tr>
<td>II. Program Management, Requirements, Administration, and Responsibilities: Roles and Responsibilities for Institutional Animal Care and Use Programs</td>
<td>25%</td>
</tr>
<tr>
<td>III. IACUC Functions, Content, and Process</td>
<td>34%</td>
</tr>
<tr>
<td>IV. Shared Oversight Responsibilities and Ancillary Program Components</td>
<td>18%</td>
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</tbody>
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CPIA Body of Knowledge/Content Outline

I. Regulatory foundations, historical development, government oversight, and accreditation of laboratory animal care programs (23%)
   A. Historical Development of Laboratory Animal Oversight
   B. Agency Oversight, Documents, Regulations, and Requirements
      a. USDA
      b. HHS (Public Health Service/NIH)
      c. AAALAC
      d. DOD and VA
      e. Other: Federal, State, Local Requirements

II. Program Management, Requirements, Administration, and Responsibilities: Roles and Responsibilities for Institutional Animal Care and Use Programs (25%)
   A. Institutional Official/Chief Executive Officer
   B. IACUC
   C. IACUC Administrator and Staff
   D. Attending Veterinarian
   E. Principal Investigator
   F. Institution

III. IACUC Functions, Content, and Process (34%)
   A. Program Review
   B. Facility Inspections
   C. Reports to the Institutional Official
   D. Review Concerns Involving the Care and Use of Animals
   E. Make Recommendations to the Institutional Official
   F. Protocol Review
   G. Suspension of Activities

IV. Shared Oversight Responsibilities and Ancillary Program Components (18%)
   A. Training and Education
   B. Post-Approval Monitoring
   C. Occupational Health and Safety Programs
   D. Disaster Planning and Emergency Preparedness
   E. Collaborations
Sample Examination Questions

In the following questions, choose the one best answer.

1. Which of the following offers a voluntary accreditation program of institutional animal care and use programs?
   A. PHS
   B. USDA
   C. OLAW
   D. AAALAC

2. Which of the following is a required member of the IACUC?
   A. Institutional Official
   B. Laboratory animal technician
   C. Individual not otherwise affiliated with the institution
   D. Representative from a local animal advocacy organization

3. According to USDA Regulations, an IACUC may have no more than how many members from any one administrative unit?
   A. 3
   B. 4
   C. 5
   D. 6

4. Which of the following does NOT need to be maintained by the IACUC?
   A. Copy of Assurance
   B. Semiannual reports
   C. Logs of laboratory records
   D. Minutes from IACUC meetings

5. The IACUC may suspend an activity only after
   A. a vote of a majority of the quorum present at a convened meeting.
   B. a discussion with the Principal Investigator takes place.
   C. the Institutional Official has been notified in writing of the event.
   D. all fact finding of the event has been conducted and documented.

6. Training and instruction of personnel must include guidance in which of the following areas?
   A. Effective writing of animal use proposals
   B. Proper use of personal protective equipment
   C. Appropriate communication with animal activist groups
   D. Research or testing methods that limit the use of animals

CORRECT ANSWERS TO SAMPLE QUESTIONS:
1. D
2. C
3. A
4. C
5. A
6. D
Key References and Study Resources

The key references and study aids listed below may assist in preparing for the Certification Examination for Professionals in IACUC Administration. These references and resources include information of significance to IACUC administrators and animal research protection programs. Inclusion of references on this list does not constitute an endorsement by the CPIA Council or PRIM&R of specific professional literature which, if used, would guarantee candidates’ successful passing of the certification examination.

These publications are listed as general resources that include information relevant to the Body of Knowledge/Content Outline required for this certification. In preparing for the Exam, applicants should focus on those sections of these materials that relate to IACUC administration and the Body of Knowledge/Content Outline in this handbook.

KEY REFERENCES

AAALAC International (https://aaalac.org)
- AAALAC FAQs (https://aaalac.org/accreditation/faq_landing.cfm)
- AAALAC Position Statements (https://www.aaalac.org/accreditation/positionstatements.cfm)

American Association for Laboratory Animal Science (AALAS): www.aalas.org
- The 50 Years of Laboratory Animal Science (https://www.aalas.org/about-aalas/history/50-years-of-lab-animal-science#.U9fpwVldVDA)
- The History of the Public Health Service Policy on the Humane Care and Use of Laboratory Animals (https://www.aalas.org/media/7d1e6ed6-3bb0-4c87-9326-9327f16b12347/1922624291/History/ch21.pdf)


The Care and Use of Laboratory Animals in DOD Programs. (http://armypubs.army.mil/epubs/pdf/r40_33.pdf)


National Institutes of Health Office of Laboratory Animal Welfare (NIH OLAW) (http://grants.nih.gov/grants/olaw/olaw.htm)
- FAQs (http://grants.nih.gov/grants/olaw/faqs.htm)
- Articles By OLAW Staff and References (http://grants.nih.gov/grants/olaw/articles_references.htm)
- Commentary (http://grants.nih.gov/grants/olaw/references/commentary.htm)

Public Health Service Policy on Humane Care and Use of Laboratory Animals (http://grants.nih.gov/grants/olaw/references/phspol.htm)
- Policy on Humane Care and Use of Laboratory Animals (http://grants.nih.gov/grants/olaw/references/phspol.htm#PublicHealthServicePolicyonHumaneCareandUseofLaboratory)

• Animal Welfare Regulations (http://www.ecfr.gov/cgi-bin/text-idx?SID=891e14e1125910a4ff614b3997fbbnda&c=ecfr&jt=ecfrcbrowse/Title09/9cfrv1_02.tpl)
• Publications and Reports (https://www.aphis.usda.gov/aphis/newsroom/publications)

STUDY AIDS and RESOURCES
American Association for Laboratory Animal Science (AALAS) Learning Library, Compliance and IACUC Training Modules (https://www.aalaslearninglibrary.org/)

Collaborative Institutional Training Initiative (CITI) Program (https://www.citiprogram.org/index.cfm?pageID=14) Some of these modules are restricted to institutional subscribers.


Report of the American College of Laboratory Animal Medicine on Adequate Veterinary Care (http://www.aclam.org/Content/files/files/Public/Active/position_adeqvetcare.pdf)


RESEARCH OVERSIGHT ACRONYMS
Below is a list of common research oversight-related acronyms that you may encounter in your day-to-day work, or when preparing for the CPIA examination.

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>3Rs</td>
<td>Replacement, Reduction, and Refinement</td>
</tr>
<tr>
<td>AAHRPP</td>
<td>Association for the Accreditation of Human Research Protection Programs, Inc.</td>
</tr>
<tr>
<td>AE</td>
<td>Adverse Event</td>
</tr>
<tr>
<td>AHPIS, AC</td>
<td>Animal and Plant Health Inspection Service, Animal Care (USDA)</td>
</tr>
<tr>
<td>AV</td>
<td>Attending Veterinarian</td>
</tr>
<tr>
<td>AVMA</td>
<td>American Veterinary Medical Association</td>
</tr>
<tr>
<td>AWA</td>
<td>Animal Welfare Act</td>
</tr>
<tr>
<td>AWAR/AWR</td>
<td>Animal Welfare Act Regulations</td>
</tr>
<tr>
<td>AWIC</td>
<td>Animal Welfare Information Center (USDA)</td>
</tr>
<tr>
<td>CDC</td>
<td>Centers for Disease Control and Prevention</td>
</tr>
<tr>
<td>CEO</td>
<td>Chief Executive Officer</td>
</tr>
<tr>
<td>CER</td>
<td>Comparative Effectiveness Research</td>
</tr>
<tr>
<td>CFR</td>
<td>Code of Federal Regulations</td>
</tr>
<tr>
<td>CIOMS</td>
<td>Council for International Organizations of Medical Sciences</td>
</tr>
<tr>
<td>COC</td>
<td>Certificate of Confidentiality</td>
</tr>
<tr>
<td>COI</td>
<td>Conflict of Interest</td>
</tr>
<tr>
<td>DEA</td>
<td>Drug Enforcement Agency</td>
</tr>
<tr>
<td>DHHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>DMC</td>
<td>Data Monitoring Committee</td>
</tr>
<tr>
<td>DMR</td>
<td>Designated Member Review</td>
</tr>
<tr>
<td>DOD</td>
<td>Department of Defense</td>
</tr>
<tr>
<td>DOE</td>
<td>Department of Education</td>
</tr>
<tr>
<td>DOJ</td>
<td>Department of Justice</td>
</tr>
<tr>
<td>DSMB</td>
<td>Data Safety Monitoring Board</td>
</tr>
<tr>
<td>DSMP</td>
<td>Data Safety Monitoring Plan</td>
</tr>
<tr>
<td>EPA</td>
<td>Environmental Protection Agency</td>
</tr>
<tr>
<td>ESCRO</td>
<td>Embryonic Stem Cell Research Oversight Committee</td>
</tr>
<tr>
<td>FCR</td>
<td>Full Committee Review</td>
</tr>
<tr>
<td>FDA</td>
<td>Food and Drug Administration</td>
</tr>
<tr>
<td>FERPA</td>
<td>Family Educational Rights and Privacy Act</td>
</tr>
<tr>
<td>Acronym</td>
<td>Definition</td>
</tr>
<tr>
<td>---------</td>
<td>------------</td>
</tr>
<tr>
<td>FFP</td>
<td>Fabrication, Falsification, and Plagiarism</td>
</tr>
<tr>
<td>FOIA</td>
<td>Freedom of Information Act</td>
</tr>
<tr>
<td>FWA</td>
<td>Federalwide Assurance</td>
</tr>
<tr>
<td>GCP</td>
<td>Good Clinical Practice</td>
</tr>
<tr>
<td>GINA</td>
<td>Genetic Information Nondiscrimination Act</td>
</tr>
<tr>
<td>GLP</td>
<td>Good Laboratory Practice</td>
</tr>
<tr>
<td>GWAS</td>
<td>Genome-Wide Association Studies</td>
</tr>
<tr>
<td>HDE</td>
<td>Humanitarian Device Exemption</td>
</tr>
<tr>
<td>HHS</td>
<td>Department of Health and Human Services</td>
</tr>
<tr>
<td>HIPAA</td>
<td>Health Insurance Portability and Accountability Act</td>
</tr>
<tr>
<td>HPA</td>
<td>Horse Protection Act</td>
</tr>
<tr>
<td>HRPP</td>
<td>Human Research Protections Program</td>
</tr>
<tr>
<td>HUD</td>
<td>Humanitarian Use Device</td>
</tr>
<tr>
<td>IACUC</td>
<td>Institutional Animal Care and Use Committee</td>
</tr>
<tr>
<td>IBC</td>
<td>Institutional Biosafety Committee</td>
</tr>
<tr>
<td>ICF</td>
<td>Individual Consent Form/Informed Consent Form</td>
</tr>
<tr>
<td>ICH</td>
<td>International Conference on Harmonisation</td>
</tr>
<tr>
<td>IDE</td>
<td>Investigational Device Exemption</td>
</tr>
<tr>
<td>ILAR</td>
<td>Institute for Laboratory Animal Research</td>
</tr>
<tr>
<td>IND</td>
<td>Investigational New Drug</td>
</tr>
<tr>
<td>IO</td>
<td>Institutional Official</td>
</tr>
<tr>
<td>IRB</td>
<td>Institutional Review Board</td>
</tr>
<tr>
<td>IVD</td>
<td>In Vitro Diagnostics</td>
</tr>
<tr>
<td>LAR</td>
<td>Legally Authorized Representative</td>
</tr>
<tr>
<td>NCI</td>
<td>National Cancer Institute</td>
</tr>
<tr>
<td>NDA</td>
<td>New Drug Application</td>
</tr>
<tr>
<td>NHP</td>
<td>Nonhuman Primate</td>
</tr>
<tr>
<td>NIH</td>
<td>National Institutes of Health</td>
</tr>
<tr>
<td>NSF</td>
<td>National Science Foundation</td>
</tr>
<tr>
<td>NSR</td>
<td>Non-Significant Risk</td>
</tr>
<tr>
<td>OEHS</td>
<td>Occupational and Environmental Health and Safety</td>
</tr>
<tr>
<td>OHRP</td>
<td>Office of Human Research Protections</td>
</tr>
<tr>
<td>OIG</td>
<td>Office of Inspector General</td>
</tr>
<tr>
<td>OLAW</td>
<td>Office of Laboratory Animal Welfare (NIH)</td>
</tr>
<tr>
<td>ORI</td>
<td>Office of Research Integrity</td>
</tr>
<tr>
<td>OSHA</td>
<td>Occupational Safety and Health Administration</td>
</tr>
<tr>
<td>PAM</td>
<td>Post-Approval Monitoring</td>
</tr>
<tr>
<td>PCOR</td>
<td>Patient-Centered Outcomes Research</td>
</tr>
<tr>
<td>PHI</td>
<td>Protected Health Information</td>
</tr>
<tr>
<td>PHS</td>
<td>Public Health Service</td>
</tr>
<tr>
<td>PI</td>
<td>Principal Investigator</td>
</tr>
<tr>
<td>PPRA</td>
<td>Protection of Pupil Rights Amendment</td>
</tr>
<tr>
<td>QA</td>
<td>Quality Assurance</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>QRP</td>
<td>Questionable Research Practices</td>
</tr>
<tr>
<td>RCR</td>
<td>Responsible Conduct of Research</td>
</tr>
<tr>
<td>RIO</td>
<td>Research Integrity Officer</td>
</tr>
<tr>
<td>RM</td>
<td>Research Misconduct</td>
</tr>
<tr>
<td>SACHRP</td>
<td>Secretary’s Advisory Committee on Human Research Protections</td>
</tr>
<tr>
<td>SAE</td>
<td>Serious Adverse Event</td>
</tr>
<tr>
<td>SBER</td>
<td>Social, Behavioral, and Educational Research</td>
</tr>
<tr>
<td>SOP</td>
<td>Standard Operating Procedure</td>
</tr>
<tr>
<td>SR</td>
<td>Significant Risk</td>
</tr>
<tr>
<td>USDA</td>
<td>United States Department of Agriculture</td>
</tr>
<tr>
<td>VA</td>
<td>Department of Veterans Affairs</td>
</tr>
<tr>
<td>VMO</td>
<td>Veterinary Medical Officer</td>
</tr>
<tr>
<td>VVC</td>
<td>Veterinary Verification and Consultation</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
</tr>
</tbody>
</table>
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 Supplemental Signature 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. territories or internationally

☐ 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
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:
   - [ ] 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): ____________________________ Date: ____________________________

Signature: ____________________________ Date: ____________________________
### CPIA® Examination Work Experience Verification Supplemental Form

This form is to be completely filled out by the applicant, and included with their CPIA Certification Exam Application and CV/resume.

<table>
<thead>
<tr>
<th>Candidate Name</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start Date</td>
<td></td>
<td>End Date</td>
</tr>
<tr>
<td>Position Type</td>
<td>☐ Full-Time</td>
<td>☐ Part-Time</td>
</tr>
</tbody>
</table>

Please check the IACUC administration-related duties for which you are responsible, and include the corresponding information in the spaces below:

☐ Describe how you manage the workflow for the IACUC protocol review process, from submission to approval, or communicate the IACUC’s review of the protocol

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

☐ Describe how you manage the facility inspection and program review processes

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

☐ Describe your responsibility in the development, management, and implementation of IACUC policies, procedures, and guidelines

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

☐ Describe your responsibilities with regard to the regulatory/accreditation processes (e.g., AAALAC, DOD, OLaW/PHS, USDA, VA)

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

☐ Describe your role in the management of continuing IACUC oversight of animal activities and the investigation of animal welfare concerns and/or noncompliance

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________________
☐ Describe your responsibilities in providing administrative support for IACUC committee functions

☐ Describe your role in the development and management of training programs regarding IACUC functions and animal care and use regulations/guidelines

I certify that I meet the eligibility requirements to take the examination for certification as a Certified Professional in IACUC Administration. My IACUC experience does not primarily consist of participation as an IACUC member, as an attending veterinarian, or as an institutional official. I also certify that I have read the CPIA Handbook for Candidates and that the information I have given in this application is in accordance with the Handbook instructions, and is accurate, correct and complete.

Candidate Name (Print):

Candidate Signature:

Date:

Approval of Work Experience

By signing, I certify that I have reviewed the application, and to the best of my knowledge, the listed experience is correct and complete.

Please select one:

☐ I am a direct supervisor  ☐ I am a human resources employee  ☐ I am a CPIA sponsor

Name (Print):

Signature:

Organization:

Date:
Request for Special Examination Accommodations

If you have a disability covered by the Americans with Disabilities Act, please complete this form and provide the Documentation of Disability-Related Needs on the next page and submit both pages with your application at least 45 days prior to your requested examination date. The information you provide and any documentation regarding your disability and your need for accommodation in testing will be treated with strict confidentiality.

**Candidate Information**

Candidate ID # ______________________ Requested Test Center:__________________________

Name (Last, First, Middle Initial, Former Name)

________________________________________________________________________

Mailing Address

________________________________________________________________________

City State Zip Code

Daytime Telephone Number Email Address

**Special Accommodations**

I request special accommodations for the __________________________ examination.

Please provide (check all that apply):

_____ Reader

_____ Extended testing time (time and a half)

_____ Reduced distraction environment

_____ Please specify below if other special accommodations are needed.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Comments: __________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

**PLEASE READ AND SIGN:**

I give my permission for my diagnosing professional to discuss with PSI staff my records and history as they relate to the requested accommodation.

Signature: ___________________________ Date: ___________________________

Return this form with your examination application and fee to:

PSI, 18000 W. 105th St., Olathe, KS 66061-7543

If you have questions, call Candidate Services at 833-333-4755.

7/25/2019
Please have this section completed by an appropriate professional (education professional, physician, psychologist, psychiatrist) to ensure that PSI is able to provide the required accommodations.

**Professional Documentation**

I have known __________________________________________________ since _____ / _____ / _____ in my capacity as a

Candidate Name

______________________________________________________________

Date

My Professional Title

The candidate discussed with me the nature of the test to be administered. It is my opinion that, because of this candidate’s disability described below, he/she should be accommodated by providing the special arrangements listed on the Request for Special Examination Accommodations form.

Description of Disability: ____________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signed:____________________________________________________  Title: ____________________________________

Printed Name: _______________________________________________________________________________________

Address:____________________________________________________________________________________________

___________________________________________________________________________________________________

Telephone Number: _____________________________ Email Address: ________________________________________

Date: ________________________________________  License # (if applicable): ____________________________

Return this form with your examination application and fee to:

PSI, 18000 W. 105th St., Olathe, KS 66061-7543

If you have questions, call Candidate Services at 833-333-4755.
PRIM&R Transfer Request Form

The transfer process allows you to pay the fee of $100 to transfer to the next testing period. The transfer request must be submitted within 30 days of the originally scheduled testing date.

**Directions:** To transfer to the next testing period, please fill out and submit this form along with the $100 fee payable only by credit card to PSI, 18000 W 105th St., Olathe, KS 66061 or fax the form to 913-895-4650.

Candidate Identification Number ________________________________

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Other Name Used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Street Address or P.O. Box

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
<th>Country</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

Home Phone             Work Phone                 Cell Phone

Email Address

**Fee:** $100

**Payment Method:** Please provide credit card information.

☐ VISA       ☐ MasterCard       ☐ American Express       ☐ Discover

Credit Card Account Number   Expiration Date (Month/Year)

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

Signature                Date