

CPIP-RCA-1 Recertification Application (page 2 of 2)



Application Fees and Payment Information (Please indicate the fee amount and payment type being submitted)

ISPE member: USD \$75.00 Euro €60.00
 Non-member: USD \$75.00 Euro €60.00

Late Fee: USD \$50.00 Euro €40.00
 Reinstatement Fee: USD \$100.00 Euro €80.00

Payment or credit card information MUST accompany application. No purchase orders will be accepted.

Check or money order # _____ enclosed payable to ISPE in the amount of USD \$ _____ (drawn on a US bank) or Euro € _____
 Credit Card - choose type: VISA Master Card/EUROCARD AMEX

Card Number _____ Expiration Date _____

Name of Cardholder (as it appears on card) _____ Cardholder Signature _____

Mail the application forms and associated documents to: ISPE, 3109 W. Dr. Martin Luther King Blvd., Suite 250, Tampa, Florida 33607, USA
 Attention: Professional Certification Department – CPIP Application

Acknowledgement, Release and Indemnification

I, the CPIP applicant, affirm that the information contained in this Recertification Application is true, complete, and correct to the best of my knowledge. I accept and agree to abide by all conditions set forth in the Certified Pharmaceutical Industry Professional™ Recertification Application Handbook. I agree to provide ISPE any information relevant to my certification or re-certification. I further understand that the ISPE-PCC reserves the right to verify any or all information contained in this Application and that, if any information is later determined to be false or constitute misrepresentation, the ISPE-PCC reserves the right to revoke or take disciplinary action regarding any certification that has been granted. I understand that CPIP certification does not certify or in any way guarantee the quality of my professional work. I therefore agree to indemnify and hold harmless ISPE, and its officers, directors, affiliates, employees, and agents, from and against all liability and claims (including reasonable attorney's fees) that may arise out of, or be related to, my professional activities, or any action or decision of the ISPE-PCC, its employees or agents, made or conducted in pursuance of their duties in connection with this Application. Any subsequent action taken in relation to my recertification, or the failure of the ISPE-PCC to issue me a new certificate. I understand and agree that any decision concerning my qualification for any credential, as well as any decisions regarding my continuing qualification for any credential and my compliance with the Code of Ethics and Professional Conduct, rest within the sole and exclusive discretion of the ISPE-PCC and that these decisions are final.

I hereby apply for recertification for the CPIP credential, and if granted by the ISPE-PCC, agree to abide by the ISPE-PCC Code of Ethics and Professional Conduct.

Applicant Name (Printed) _____ **Applicant Signature** _____ **Date** (Yr./Mo./Day) _____

ISPE-PCC Internal Use Only

Date Received _____ Credential Status _____

<input type="checkbox"/> Form CPIP-RC-1	<input type="checkbox"/> Form CPIP-RC-2
<input type="checkbox"/> Form CPIP-RC-3	<input type="checkbox"/> Form CPIP-RC-4
<input type="checkbox"/> Form CPIP-RC-5	<input type="checkbox"/> Form CPIP-RC-6
<input type="checkbox"/> Form CPIP-RC-7	<input type="checkbox"/> Form CPIP-RC-8
<input type="checkbox"/> Form CPIP-RC-9	<input type="checkbox"/> Form CPIP-RC-10
<input type="checkbox"/> Employment Letter	

Applicant Notification _____

Date _____

YR1 YR2 YR3