



CONTINUING EDUCATION

PRE-QUALIFICATION APPLICATION

SPONSOR INFORMATION

SPONSOR NAME _____

NAME OF CONTACT PERSON _____

TITLE _____

STREET _____

(MATERIALS CANNOT BE MAILED TO POST OFFICE BOXES)

CITY _____

STATE _____

ZIP _____

TELEPHONE _____

FAX _____

E-MAIL _____





SPONSORSHIP CATEGORY (CHECK ONE)

NCRA AFFILIATE STATE ASSOCIATIONS
NON-PROFIT ASSOCIATIONS
\$60 FEE

FOR PROFIT REPORTER GROUP
FIRM/ VENDOR
\$90 FEE

Fee includes evaluation of the Continuing Education Program. If your program is Pre-Qualified, you will receive a letter with a Pre-Qualification code that should be used on your program certification for attendees.

SELECT PAYMENT TYPE

-  _____
Print Name on Card: _____
-  _____
Account Number _____
-  _____ _____
Expiration Date Security Code
-  _____
Credit Card Billing Zip Code: _____
- _____
Signature
- Personal Check - Check No. _____
- Money Order

FEES

App Fee:

State Associations (\$60.00)

Firm/Vendor (\$90.00)

TOTAL

OFFICE USE ONLY

Date _____ Amount _____

Batch _____ Initials _____

Return completed form to:

NCRA, Office of Continuing Education
12030 Sunrise Valley Drive, Suite 400
Reston, VA 20191
Fax: 703-391-0629
Attention: Credentialing Coordinator
continuinged@ncra.org

