

Application for Regulatory Affairs Certification (RAC) Exam



Mr. Mrs. Ms. Dr. First Name _____ MI _____ Last Name _____
Title _____
Company _____
 Business Home Address _____ Mail Stop _____
Suite/Apt _____
City/ State/Province/Zip _____ Country _____
Phone (with area/country code) _____
Email (please provide email that will be valid throughout RAC process) _____

REGISTRATION FEES (All fees in US dollars)

Select Exam(s): Drugs Devices

Spring Cycle (Per Exam) – Due no later than 27 February, 2020	
RAPS Member Pricing (US\$)	List Pricing (US\$)
<input type="checkbox"/> \$475	By 27 February, 2020
<input type="checkbox"/> \$595	By 27 February, 2020

METHOD OF PAYMENT

- Check #** _____
- Credit Card** (check which card you will use) American Express MasterCard Visa
Account # _____ Exp. Date _____ Billing Postal Code _____
CVV (Card Security Code) _____ Name as it appears on the card _____
Signature _____
- International Wire Transfer:** Fax this completed form and copy of bank wire confirmation to confirm your registration to: RAPS Account #1000043228997; ABA #061000104 Swift Code SNTRUS3A; Suntrust Bank, 303 Peachtree St. NE, Atlanta, GA 30308. Must reference name of candidate. All bank charges are the responsibility of the payer. All wire payments: fax (+1 301 841 7956) or email (certification@raps.org) a completed form and copy of bank wire confirmation to confirm your registration.

APPLICATION AGREEMENT

I acknowledge that I have read and agree to comply with the policies and procedures contained in the RAC Candidate Guide and the Code of Ethics for Regulatory Professionals. The information submitted in this application is complete and accurate. I believe I meet all eligibility requirements for the RAC exam. I authorize RAPS to make any inquiries deemed necessary to verify my credentials.

By purchasing an RAC application or renewal, I provide consent that my profile will be stored with RAPS and shared with processors for the purpose of doing business with RAPS. I consent to receiving announcements from RAPS and that I can opt-out at any time by contacting RAPS or updating preferences. I also hereby understand and agree to the privacy policy provided on RAPS.org. (Effective 5/8/18)

Signature _____ Date _____

Questions? Call RAPS Solutions Center at +1 301 770 2920, ext. 200. Please see **RAPS.org** for complete registration policies and procedures.

HOW TO REGISTER

- MAIL:** **Check or Money Order:** Send check or money order with completed application to: RAPS 5635 Fishers Lane, Suite 400, Rockville, MD 20852
Credit Card: Send completed application with credit card information to: Regulatory Affairs Professionals Society, Attn: RAC Program Office, 5635 Fishers Lane, Suite 400, Rockville, MD 20852 USA
- FAX:** Fax completed application and payment information to +1 301 841 7956 (credit card or wire transfer)