

Application for Regulatory Affairs Certification (RAC) Emeritus Status



Emeritus status may be requested by certificants who are 60 years of age and above, retired from active practice of the regulatory profession, and who wish to remain affiliated with the RAC program. Requests for emeritus status must be submitted in writing (via this form) to the RAC Program Office, together with the applicable one-time fee. Requests for consideration for emeritus status must be received prior to the individual's recertification cycle deadline. Once approved individuals may refer to themselves as "RAC Emeritus".

Mr. Mrs. Ms. Dr. First Name _____ MI _____ Last Name _____
Title _____

Preferred Mailing Address (Check One):

Address _____ Mail Stop _____ Suite/Apt _____

City/ State/Province/Zip _____

Country _____

Phone (with area/country code) _____

Email Address (required for confirmation) _____

RECERTIFICATION FEES (All fees in US dollars)

Paid by due date

RAC Emeritus Status Fee (Submitted prior to RAC expiry date)			
RAPS Member Pricing (US\$)		List Pricing (US\$)	
<input type="checkbox"/> \$150		<input type="checkbox"/> \$250	

METHOD OF PAYMENT

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 to: SunTrust Bank, Richmond, VA. Must reference name of registrant. All bank charges are the responsibility of the payer.

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 _____

APPLICATION CHECKLIST

Please check each box indicating your agreement that each specific task is complete **PRIOR** to submitting the application.

- Applicant information:** I am at least 60 years of age
- Retired:** I have retired from active practice of the regulatory profession, but wish to remain affiliated with the RAC professional program
- Payment:** I have included payment information with this application

APPLICATION AGREEMENT

The signing and submission of this application indicates you have read and understand the RAC policies and procedures contained in the RAC Recertification Guide and RAPS Code of Ethics for Regulatory Professionals. Your signed application submission also signifies agreement that the information submitted in this application is complete and accurate and that you agree to comply with the terms of an RAC Program Office audit. The RAC Program Office reserves the right to audit up to 10 percent of submissions each year. You will be contacted if you are among those randomly selected and will be required to follow up with the documentation supporting your list of regulatory professional activities and associated credits.

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

EMAIL: certification@raps.org (credit card or wire)

MAIL: RAPS 5635 Fishers Lane, Suite 400, Rockville, MD 20852 (check or money order)

FAX: +1 301 841 7956 (credit card or wire)