

UNIVERSAL ACCREDITATION PROGRAM

Agricultural Relations Council, Asociación de Relacionistas Profesionales de Puerto Rico, Florida Public Relations Association, Maine Public Relations Council, National School Public Relations Association, Public Relations Society of America, Religion Communications Council, Southern Public Relations Federation, Texas Public Relations Association



EXAMINATION FOR ACCREDITATION IN PUBLIC RELATIONS APPLICATION

The Universal Accreditation Board thanks you for applying to take the Examination for Accreditation in Public Relations.

It is recommended that candidates have at least five years' experience in the full-time practice or teaching of public relations and who have earned either a bachelor's degree in a communication-specific field (e.g., public relations, journalism, mass communication) or have equivalent work experience, which includes public relations principles, public relations writing, public relations campaigns, research, ethics and law and internship (practical experience under supervision). Some member organizations have stricter requirements.

How To Apply:

1. TYPE or PRINT your response.
2. Indicate the number of years of your full-time, paid public relations experience. Your application will not be accepted if it is not complete.
3. Return your application and payment (see page 3) to:
Accreditation Department, PRSA, 33 Maiden Lane, New York, NY 10038-5150.
4. **You may submit your application and credit card payment information by FAX: 212-995-0757.**
5. **Questions? Contact the Universal Accreditation Board by calling 212-460-1436 or e-mail ACCRED@PRSA.ORG**

I am a Member of ARC ARPPR FPRA MPRC NSPRA PRSA RCC SPRF TPRA
(Circle all that apply)

Name (Mr.) _____
(Ms.) Last First Middle (or Initial) **(Name on application must match photo ID)**

Position or Title _____

Organization _____

Business Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ E-mail _____
(Area Code) (Area Code)

Length of Tenure with This Title _____ / _____ To _____ / _____ Total Months _____
mo. yr. mo. yr.

Nature of Organization's Business or Activity _____

Note: Examination results are mailed to home address (unless otherwise specified).

Home Address _____
Street/P.O. Box

City _____ State _____ Zip _____

Telephone _____ E-mail _____

If you do not want your local Accreditation chair to be copied on notification results, check here. Remember, if you check this box, you will be responsible for communicating with your local Accreditation chair.

INFORMATION ON PRESENT POSITION (CONT.)

Please indicate the approximate percentages of time in your current position that you spend on the following functions. PERCENTAGES SHOULD ADD UP TO 100%.

_____ Public Relations Management and Administration	_____ Research	_____ Special Events
_____ Community Relations	_____ Fund Raising	_____ Sales
_____ Institutional/Corporate Advertising	_____ Public Relations Teaching	_____ Media Relations
_____ Consumer/Public Affairs	_____ Financial Public Relations	_____ Publicity
_____ Government Relations	_____ Public Relations Counseling	_____ Other _____
_____ Editing Publications	_____ Marketing	
	_____ Employee Relations	

Describe below your public relations responsibilities:

If you have not been at your present position for five years, please list your previous experience (giving months/years in each position) and describe your responsibilities there.

INFORMATION ON PRIOR POSITIONS

Position or Title _____

Organization _____

Business Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ Email _____
(Area Code) (Area Code)

Length of Tenure with This Title / To / Total Months
Mo. Yr. Mo. Yr.

Nature of Organization’s Business or Activity _____

INFORMATION ON PRIOR POSITIONS (CONT.)

Please indicate the approximate percentages of time you spent on the following functions applicable to your position. PERCENTAGES SHOULD ADD UP TO 100%.

_____ Public Relations Management and Administration	_____ Editing Publications	_____ Employee Relations
_____ Community Relations	_____ Research	_____ Special Events
_____ Institutional/Corporate Advertising	_____ Fund Raising	_____ Sales
_____ Consumer/Public Affairs	_____ Public Relations Teaching	_____ Media Relations
_____ Government Relations	_____ Financial Public Relations	_____ Publicity
	_____ Public Relations Counseling	_____ Other _____
	_____ Marketing	

Describe below your public relations responsibilities:

If further space is needed to detail your experience, please list the information on a separate sheet and attach to this application.

The Examination for Accreditation in Public Relations fees are: \$25 application fee and \$385 Examination fee. Candidates have two options for payment. Please check off your choice and submit the corresponding payment with your application:

- \$385:** Single payment covering the full Examination fee; due at time of application. If you choose this option, the \$25 application fee will be waived.
- \$410:** Two payments of \$205 covering the full Examination fee and \$25 application fee; one due at time of application and the remainder due when candidate completes Readiness Review and is authorized for the computer-based Examination.

All fees paid are not refundable or transferable.

From the date this application is approved and the candidate is notified, the candidate has one calendar year to complete the required Readiness Review and take the computer-based Examination.

Please see www.praccreditation.org for candidate process chart.

METHOD OF PAYMENT:

<input type="checkbox"/> Check (please make checks payable to PRSA: U.S. funds, drawn on U.S. bank only)	Account Number _____
<input type="checkbox"/> Credit card (American Express, MasterCard, VISA only)	Expiration Date _____
<input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA	Cardmember's Name _____ <small>Please print</small>
	Signature _____

Dues and fees to PRSA are deductible as an ordinary business expense as provided by law, but contributions and dues to PRSA are not deductible as charitable contributions for federal income tax purposes.

For your application to be complete, you must read and sign the Statement by Applicant on the next page.

FOR PRSA HEADQUARTERS USE: Approved by _____ Date _____

AGREEMENT BY APPLICANT

In order to take the Examination for Accreditation in Public Relations, all candidates must read and agree to the following provisions. Please confirm that you understand and agree to each of these provisions by signing where indicated.

I attest to the fact that I have FULL-TIME EXPERIENCE in the paid professional practice of public relations or in the teaching and/or administration of public relations courses at an accredited college or university.

I agree that I neither will bring to nor utilize, during the Examination for Accreditation in Public Relations any equipment, device or recorded information or data that provides an unfair advantage and that is not approved expressly for use by the Universal Accreditation Board, the Accreditation Department of PRSA and the Examination proctor.

I understand and agree that my answers to questions in the Examination for Accreditation in Public Relations must be selected within the prescribed time allotted for taking the Examination.

I understand and agree that I bear the risk of any and all damage or loss incurred to the equipment, data and supplies that are provided to me in the event that any occurrence prohibits me from completing the Examination.

I agree to indemnify and hold harmless the Universal Accreditation Board, PRSA, the Participating Organizations (ARC, ARPPR, FPRA, MPRC, NSPRA, RCC, SPRF, TPRA) and any other organization or individual associated with the Examination in the event of malfunction, loss, theft or damage to the equipment, data and supplies that are provided to me to take the computer-based Examination. Further, I waive any rights of legal or other recourse to such organizations or individuals in the event of such loss, theft or damage.

I understand and agree that bringing any notes, electronic or written, into the Examination site or the removal of any questions or answers from the Examination site are violations of the PRSA Member Code of Ethics, to which I agree to adhere for the purpose of taking this Examination for Accreditation in Public Relations.

I understand and agree that if I read the Examination and then choose not to complete the Examination at this time, I will be considered to have been admitted to the Examination and will not be entitled to a refund of any fees paid.

I understand and agree to abide by the PRSA Member Code of Ethics. I agree to exemplify high standards of honesty and integrity by maintaining the confidentiality of the contents of this Examination, including Examination questions and my responses to those questions. I understand and agree that discovery of violations will result in immediate expulsion from the Examination, automatic failure and any liability for other penalties imposed for violation of the PRSA Member Code of Ethics.

I understand that if I successfully complete this Examination for Accreditation in Public Relations, I will be granted Accreditation.

I understand that my Accreditation shall cease automatically if I do not have valid membership in any of the Universal Accreditation Board (UAB) participating member organizations. Further, my Accreditation shall be reinstated automatically once I am reinstated as a member in good standing of any of the UAB member organizations.

I understand that I must maintain my Accreditation by demonstrating continuing professional development, which entails accumulating the required number of points in continuing education and professional development, professionalism or service activities every three years. I understand that I will be required to submit appropriate documentation as required to demonstrate my continuing professional development. I understand that PRSA charges an administrative fee to process this documentation.

I understand that failure to adhere to the provisions in this agreement will result in losing my privilege of taking the Examination and/or revocation of the credential.

Indicate your agreement with these provisions by signing below.

Signature _____ **Date** _____

You will also be asked to agree to these statements again at the Prometric location in order to begin the computer-based Examination.