



CE Approval Request Form

Please complete this form to request CE approval for renewing your PRA designation. Request must be sent by December 31st to qualify for PRA renewal.

Name _____ PRA # _____

Company _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

Please include \$199 annual approval fee with your request.

Payment Check MC/VISA

Credit Card # _____ Exp. Date _____ Sec. # _____

Please list courses below that you are requesting for approval and attach a course description and proof of completion for each.

Course Title _____ # of Credits _____

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Course Title _____ # of Credits _____

Course Title _____ # of Credits _____

Course Title _____ # of Credits _____

All requests for CE approval must be sent by December 31st. Please return this form along with your \$199 fee to:
APRA ♦ W175 N11117 Stonewood Dr., Suite 204 ♦ Germantown, WI 53022 ♦ apra@teamwi.com