



### CE Approval Request Form

*Please complete this form to request CE approval for renewing your PRA designation. Request must be sent by December 31<sup>st</sup> 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 \_\_\_\_\_

Course Title \_\_\_\_\_ # of Credits \_\_\_\_\_

Course Title \_\_\_\_\_ # of Credits \_\_\_\_\_

Course Title \_\_\_\_\_ # of Credits \_\_\_\_\_

Course Title \_\_\_\_\_ # of Credits \_\_\_\_\_

Course Title \_\_\_\_\_ # of Credits \_\_\_\_\_

Course Title \_\_\_\_\_ # of Credits \_\_\_\_\_

Course Title \_\_\_\_\_ # of Credits \_\_\_\_\_

All requests for CE approval must be sent by December 31<sup>st</sup>. Please return this form along with your \$199 fee to:  
APRA ♦ W175 N11117 Stonewood Dr., Suite 104 ♦ Germantown, WI 53022 ♦ [apra@teamwi.com](mailto:apra@teamwi.com)