## NATIONAL ASSOCIATION OF PARLIAMENTARIANS® REGISTERED PARLIAMENTARIAN EXAMINATION APPLICATION

You may take all exam parts at one time or individually and in any sequence you wish.

A separate application must be submitted for each part (or parts) when taking exam parts at different times.

EXAM Preference: *If you chos	e the or	nline exa	m, pleas	se selec	t a monitor	ring option:	In-Pers	son Monitor	Virtual Mo	onitor prior appro	
APPLICANT INFORM	MATION							FOR OFFICE			
Name											
Address							Date R	ec'd			
City	State/Prov ZIP						Pay't Entered				
Phone	e Email						Mailed/Set up				
Exam Date								me			
MONITOR INFORMATION  The monitor should be a Registered or Professional Registered Parliament possible, and shall not be the applicant's instructor. If an RP or PRP is not provided in the professional Registered Parliament							ntarian, if  Password  t available,				
						not available,					
a community leader may monitor the exam. <b>Monitor must be physically room at all times.</b>					e physically	present in	Email Monitor				
								vionitor / Chair, Grader, h			
Name											
Address											
ity State/Prov ZIP							Exam Completed				
							Score _				
Phone		E	mail								
PRP RP	(	Other (spe	ecify)			·					
INSTRUCTOR:							<b>EXAM FEES</b> (including retakes)  Part I = \$25				
							Parts II = \$50				
PAYMENT INFORMATION Applications must be accompanied by payment						ment.	Part III = \$50				
Exam Part(s) I II III IV V						Part IV = \$50					
` '	_				.,		Part	t V = \$50			
Retake Exam Part(s)	I	II	III	IV	V		All F	Parts at once =	\$200		
Total Payment:		<del></del>									
Payment Method: Che	eck (payab	le to "NAF	") Check N	No	<del></del>	Credit Card:	Visa	MasterCard	Discover	AmEx	
Card No.						Expiration Date			CCV No.		
Name on Card						Signature					

Email this application to <a href="mailto:hg@nap2.org">hg@nap2.org</a> or fax to **816.833.3893** or mail with payment to: