

# EXAMINATION APPLICATION FOR ACCREDITATION IN PUBLIC RELATIONS + MILITARY COMMUNICATION FOR CURRENT APRs (APR+M)



## UNIVERSAL ACCREDITATION BOARD (UAB) PARTICIPATING ORGANIZATIONS

Asociación de Relacionistas Profesionales de Puerto Rico, California Association of Public Information Officials, Florida Public Relations Association, Maine Public Relations Council, National Association of Government Communicators, National School Public Relations Association, Public Relations Society of America, Religion Communications Council, Southern Public Relations Federation

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.

APR+M applicants must meet one of the two requirements stated below:

1. Military members (active and reserve) and DoD civilian employees whose primary responsibilities lie in military communication-related fields are eligible; or,
2. DoD military contractors, who are members of a UAB participating organization and whose primary responsibilities lie in military communication-related fields are eligible.

### How to Apply:

1. Indicate the number of years of your full-time, paid public relations experience. Your application will not be accepted if it is not complete.
2. Return your application and payment (see page 3) to:  
Accreditation Department, PRSA, 120 Wall St., 21st Fl., New York, NY 10005
3. You may submit your application and credit card payment by email [accred@prsa.org](mailto:accred@prsa.org) or by fax: 212-995-0757.

For questions please contact the Universal Accreditation Board by calling 212-460-1436 or email [accred@prsa.org](mailto:accred@prsa.org)

Check all that apply:

I am a Member of: ARPPR CAPIO FPRA MPPRC NAGC NSPRA PRSA RCC SPRF

I am a Member of USA USAF USN USMC USCG  
Active Reserve/Guard DoD Civil Service DoD Contractor\*

\* Note: if DoD contractor, you must be a member of a UAB participating organization stated above.

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). It is your responsibility to keep the Universal Accreditation Board informed of any address changes or changes to your eligibility status.**

**Home Address** \_\_\_\_\_  
Street/P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ E-mail \_\_\_\_\_

If you are a member of a UAB participating organization and 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 you spent on the following functions applicable to your position. PERCENTAGES SHOULD ADD UP TO 100%.

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

Describe below your military communication 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 POSITION**

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

Describe below your military communication responsibilities:

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

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**The Examination for Accreditation in Public Relations + Military Communication fee for current APRs is \$75 (\$25 application fee and \$50 Panel Presentation fee).**

**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 APR+M Panel Presentation process. Please see [www.praccreditation.org](http://www.praccreditation.org) for the candidate APR+M Panel Presentation Questionnaire.**

**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.**

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**FOR PRSA HEADQUARTERS USE:** Approved by \_\_\_\_\_ Date \_\_\_\_\_

## AGREEMENT BY APPLICANT

In order to take the Examination for Accreditation in Public Relations + Military Communication (APR+M), 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 meet the eligibility requirements for the Accreditation in Public Relations + Military Communication (APR+M) Examination, stated below:

- (1) Military members (active and reserve) and DoD civilian employees whose primary responsibilities lie in military communication-related fields are eligible; or,
- (2) DoD military contractors, who are members of a UAB participating organization and whose primary responsibilities lie in military communication-related fields are eligible.

***I understand*** that the Department of Defense is not connected to the Public Relations Society of America or the Universal Accreditation Board and does not officially endorse membership in any organization nor certain professional certifications except those as required by law. As such, this Accreditation process is a voluntary endeavor on my part and no promise regarding promotions or assignments has been offered to me in conjunction with pursuit of this Accreditation. I further understand that the Department of Defense is not connected to this computer-based examination, which is contracted separately by the Public Relations Society of America.

***I agree*** that I neither will bring to nor utilize, during the Examination for Accreditation in Public Relations + Military Communication (APR+M) process 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 Department of Defense.

***I understand and agree*** that I bear all 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 (ARPPR, CAPIO, FPRA, MPRC, NAGC, NSPRA, PRSA, RCC, SPRF), Department of Defense and any other organization or individual associated with the Accreditation process in the event of malfunction, loss, theft, or damage to the equipment, data, and supplies that are provided to me. 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 + Military Communication (APR+M).

***Indicate your agreement with these provisions by signing below.***

***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 attest*** to the fact that I am Accreditation in Public Relations and a current member of a UAB Participating Organization.

***I understand*** that if I successfully complete the Accreditation in Public Relations + Military Communication Panel Presentation process, I will be granted Accreditation in Public Relations + Military Communication (APR+M) as I already hold the APR designation.

***I understand*** that APR+M Accreditation shall cease automatically when I no longer meet the eligibility requirements for Accreditation in Public Relations + Military Communication (APR+M). I understand that Accreditation shall be reinstated upon reinstatement to active or reserve military duty or upon rejoining DoD as a civilian employee or DoD contractor in military communication-related fields with membership in a UAB participating member organization and following demonstration of compliance with current Maintenance requirements.

***I understand*** that my APR+M Accreditation may be transferred to APR if I join and keep valid a membership in any of the Universal Accreditation Board (UAB) participating member organizations. I understand that this transfer of credential can happen only if I am no longer meet the eligibility requirements for APR+M.

***I understand*** that I must maintain my APR+M Accreditation by demonstrating maintenance of Accreditation requirements by accumulating the required number of points set forth by the Universal Accreditation Board.

***I understand*** that I will be required to submit appropriate documentation for the maintenance of Accreditation requirements. 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.

***Signature*** \_\_\_\_\_

***Date*** \_\_\_\_\_