



# Certified Biopharmaceutical Representative Examination Candidate Application

Please complete, sign, and date the application form and mail it to Castle with your application fee. You will not receive your Notice to Schedule (NTS) unless all of the information is complete. Incomplete applications will be placed on hold, and Castle will contact you by e-mail to request the missing data. Please ensure that your e-mail program will accept e-mails from [ibt@castleworldwide.com](mailto:ibt@castleworldwide.com). All applications still incomplete after 90 days will be rejected and returned, and you will forfeit \$75 of your application fee for processing and administration.

Note: If submitting this application, please do not complete an application online.

### Application Checklist

<input type="checkbox"/>	I have completed all requested information.
<input type="checkbox"/>	I have enclosed my payment via Visa, MasterCard, American Express, money order, or cashier's check.
<input type="checkbox"/>	I have read and checked each attestation.
<input type="checkbox"/>	I have signed and dated my completed application.
<input type="checkbox"/>	I have enclosed my United States Equivalency Analysis, if applicable.

### Identification Information

**Enter your name EXACTLY as it appears on your government-issued ID. This is also how your name will appear on your certificate.**

Name Prefix (Mr., Mrs., Miss, etc.): \_\_\_\_\_ First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix (II, Jr., etc.): \_\_\_\_\_

Maiden/Previous Last Name: \_\_\_\_\_

Date of Birth:   /   /

Gender:  Male  Female

Primary E-mail: \_\_\_\_\_

*Note: This e-mail address will be used as your login username for the online registration system.*

Please choose a password for your account: \_\_\_\_\_

*Note: Record this password as you will need it to log in to the MRCC registration system. Passwords are case-sensitive.*

Street Address 1: \_\_\_\_\_

Street Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone (work):    -    -

Telephone (home):    -    -

<input type="checkbox"/>	<p>I understand that Medical Representatives Certification Commission (MRCC) will maintain a registry of certified professionals that will be accessible to the general public via an MRCC-sponsored Web site. I agree to participate in such a registry using my name, city, and state as they appear in the identification information section of my application. I understand that I may modify or remove myself from the registry at any time.</p> <p>Yes, I agree with the above statement and wish to be included on the registry. Please list my name, city, and state as they appear in the demographics section of my application. In addition, please include the following contact information. (Please check all that apply.)</p> <p><input type="checkbox"/> Primary telephone as it appears in the demographics section of my application.</p> <p><input type="checkbox"/> Primary e-mail address as it appears in the demographics section of my application.</p>
<input type="checkbox"/>	<b>No, I do not wish to be included in the registry.</b>

**Eligibility Path**

Indicate below the eligibility option that applies to your education and experience. See the candidate handbook for a more detailed explanation.

- Select one:  Option 1: Baccalaureate degree **and** at least 6 months of related experience  
 Option 2: 2 years of related experience

**Employment**

*List your employers for the past 5 years. Attach additional sheets if necessary.*

**Current Employer:** \_\_\_\_\_ *List the proper name that corresponds with your current employer (see Appendix A in the Candidate Handbook for more information).*

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Start date: / /  Job Title: \_\_\_\_\_

Does this experience apply to the eligibility requirements?  Yes  No

Applicable duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Employer #1:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Start date: / /  End date: / /  Job Title: \_\_\_\_\_

Does this experience apply to the eligibility requirements?  Yes  No # Months applicable: \_\_\_\_\_

Applicable duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Previous Employer #2:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Start date: / /  End date: / /  Job Title: \_\_\_\_\_

Does this experience apply to the eligibility requirements?  Yes  No # Months applicable: \_\_\_\_\_

Applicable duties: \_\_\_\_\_

\_\_\_\_\_

**Previous Employer #3:** \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Start date: / /  End date: / /  Job Title: \_\_\_\_\_

Does this experience apply to the eligibility requirements?  Yes  No # Months applicable: \_\_\_\_\_

Applicable duties: \_\_\_\_\_

\_\_\_\_\_

**Education**

*List your education details, beginning with the most recent school. Attach additional sheets if necessary.*

\*If you are an applicant with a foreign degree, please refer to the handbook.

Education 1:

Institution Name: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Degree Title: \_\_\_\_\_ Major/Concentration: \_\_\_\_\_

Type of Degree (circle): AA AS BA BS MA MS PhD MD JD MBA Other

Degree Completed?  Yes  No/In Progress Date of Degree: / /

Attended From: / /  Until: / /

Education 2:

Institution Name: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Degree Title: \_\_\_\_\_ Major/Concentration: \_\_\_\_\_

Type of Degree (circle): AA AS BA BS MA MS PhD MD JD MBA Other

Degree Completed?  Yes  No/In Progress Date of Degree: / /

Attended From: / /  Until: / /

Education 3:

Institution Name: \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Country: \_\_\_\_\_ Degree Title: \_\_\_\_\_ Major/Concentration: \_\_\_\_\_

Type of Degree (circle): AA AS BA BS MA MS PhD MD JD MBA Other

Degree Completed?  Yes  No/In Progress Date of Degree: / /

Attended From: / /  Until: / /

**Examination Registration**

The examination will be offered in three month-long windows through the year. Upon successful completion of your application, you will be eligible to test in the next available testing window. You will receive a "Notice to Schedule" in your e-mail from [ibt@castleworldwide.com](mailto:ibt@castleworldwide.com). You will use the information to schedule a testing appointment.

Application Received By:	Application (Including Late Fee) Received By:	Testing Window:
August 15, 2011	August 31, 2011	October 2011
December 15, 2011	December 31, 2011	February 2012
April 15, 2012	April 30, 2012	June 2012
September 15, 2012	September 30, 2012	November 2012

**Attestations**

Please read the statements below and check the box next to each attestation.

<input type="checkbox"/>	I understand that, in order to process my application, Castle may verify my education and employment history. I agree to cooperate in such a review and will allow others to provide information regarding my abilities and experience. I hereby solemnly declare and affirm, under penalties of perjury that the facts and matters contained in the following foregoing application are true and correct.
<input type="checkbox"/>	I understand and agree to follow the MRCC Code of Conduct as noted in the Candidate Handbook.
<input type="checkbox"/>	Upon the submission of this application, either electronically or otherwise, I certify that the information provided herein is true and complete.

I agree with the above statements. Please process my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information**

The application fee for all candidates is \$350 and includes the application fee and the first examination fee. If you are applying late, please see the Candidate Handbook for information on the additional late fee required with this application. The fee must be paid in U.S. funds to Castle Worldwide, Inc. Castle accepts Visa, MasterCard, American Express, money orders, or cashier's checks. Personal checks will not be accepted. The application fee is not refundable.

**To process the application, all fees must be submitted with the application. Please check the box next to each fee enclosed with this application.**

	<b>Fee Enclosed</b>
<input type="checkbox"/>	Application Fee (\$350)
<input type="checkbox"/>	Late Fee <i>(As noted in the Candidate Handbook)</i>

Money Order / Cashier's Check

**Payment Enclosed: \$ \_\_\_\_\_ (Payable to Castle Worldwide, Inc. in U.S. Dollars)**

**OR**

Credit Card Payment:  MasterCard  Visa  American Express

**Fee Amount to be Paid: \$ \_\_\_\_\_** Authorized Name on Card: \_\_\_\_\_

Credit Card Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card ID Number: \_\_\_\_\_ Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Authorized Credit Card Holder's Signature: \_\_\_\_\_

Telephone (home):    -    -     E-mail: \_\_\_\_\_

**Send all materials to the following address:**

**Castle Worldwide, Inc.  
Attention: MRCC  
P.O. Box 570  
Morrisville, NC 27560 USA**

**Telephone: 919.572.6880**