Institute of Certified Records Managers

ORIGINAL APPLICATION
Use this form to apply for candidacy.

Documentation submitted becomes property of the ICRM.

Last Name	First Name	MI	☐ Mr. ☐ Ms ☐ Dr.

Residence Address

City	State/Province	Country	Zip/Postal Code

Home Phone	Work Phone	Fax No.

E-mail Address

Application Status	☐ Original Application (Complete <u>entire</u> form, attach supporting documents, and submit with application. Fee: $100.00 (USD)) ☐ Resubmission of Original Application (Add all new or revised documentation since original application.)

Professional Work Experience	Work Experience Qualification Statement Briefly describe how your work experience qualifies you for Professional RIM Certification (minimum 100 characters):

Education	Name and location (City, State, Province) of College or University	Dates Attended		Years Completed	Credits		Degree (B.A. etc.)	Date of Degree
		From	To		Qtr	Semstr		

Do you have a High School Diploma or equivalent?   ☐ Yes   ☐ No

Mail this form to:
ICRM
403 East Taft Road
North Syracuse, NY 13212 USA

For further information on completing this form, see the ICRM website

www.icrm.org
Fax: 315-474-1784

www.icrm.org/forms/ICRMform1.pdf
(2011-08-22a - Previous Versions Obsolete)

Present Employment	Employer				
	Current Position Title		Position Held Since		
	Street Address		Employer Phone No.	Employer Fax No.	
	City		State/Province	Country	Zip/Postal Code

Previous Employment (If more space is needed use an additional sheet of paper)	Dates (Month and Year)		Name of Employer (and City/State)	Position Held
	From	To		

Applicant's Certification

I, _____ (Please print name)

1) have read and understood the requirements governing the CRM examination process in force at the time of the completion of this application;
2) certify that the statements made by me in this application and the contents of the supporting documentation are complete and true;
3) understand that I must provide written documentation to prove that I meet the required education and work experience criteria;
4) grant the members of the ICRM Certification Standards Committee permission to contact current and former employers or clients and educational institutions for verification and/or clarification;
5) support and pledge to conform to the standards of professional conduct and Code of Ethics of the Institute of Certified Records Managers;
6) understand and agree that the CRM designation may be terminated by the ICRM Board of Regents in the event of my violation of the Code of Ethics or other just cause, and further, that the decision of the Board is final;
7) understand that any attempt to cheat on the examination process will result in being disqualified from certification.

Applicant's Signature _____ Date_____

Original Application Checklist

Before submitting this application, have you;

☐ Completed all sections on both sides of the form, and dated and signed the form in ink?
☐ Enclosed (or otherwise provided) complete documentation of education and professional experience (include copy of diploma, transcripts, job descriptions, client letters, employers letters, etc.)?
☐ Indicated on a separate sheet any special needs (e.g., handicap) which may affect the examination process?
☐ Provided payment (check, money order, or credit card) in USD funds.

Payment

☐ Check or money order (USD only) payable to the ICRM in the total amount due is enclosed. Checks from countries other than the U.S.A. marked "payable in US funds" are NOT ACCEPTABLE and will be returned!

Bill to Credit Card: ☐ Visa   ☐ Master Card   ☐ American Express

Account Number: _____ VCode:_____ Expires: _____

Note: If paying by credit card and the billing address is different than the residence address, enter the billing address in the space provided.

Billing Address: _____

Signature: _____