



Institute of Certified Records Managers

REINSTATEMENT APPLICATION
Use this form to reinstate CRM designation.

Documentation submitted becomes property of the ICRM.

ICRM USE ONLY	
Candidate ID _____	
Date application fee received _____	
Applicant Eligible YES / NO	Date Eligible

Last Name _____	First Name _____	MI _____	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.
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Residence Address _____

City _____	State/Province _____	Country _____	Zip/Postal Code _____
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Home Phone _____	Work Phone _____	Fax No. _____
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E-mail Address _____

Application Status	<input type="checkbox"/> Reinstatement application (Complete entire form and submit with reinstatement fee of \$100.00 USD.) Year certified (if known) _____. Year de-certified _____.
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Applicant's Certification	<p>I, _____ (Please print name)</p> <ol style="list-style-type: none"> 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) support and pledge to conform to the standards of professional conduct and Code of Ethics of the Institute of Certified Records Managers; 4) 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; 5) understand that any attempt to cheat on the examination process with result in being disqualified from certification. <p>Applicant's Signature _____ Date _____</p>
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Reinstatement Application Checklist	<p>Before submitting this application, have you:</p> <input type="checkbox"/> Completed all sections of the form and dated and signed the form in ink? <input type="checkbox"/> Indicated on a separate sheet any special needs (e.g., handicap) which may affect the examination process? <input type="checkbox"/> Provided payment (check, money order, or credit card) in USD funds.
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Payment	<input type="checkbox"/> 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: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> 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: _____
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