



Institute of Certified Records Managers

ORIGINAL APPLICATION

Use this form to apply for candidacy.

Documentation submitted becomes property of the ICRM.

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

| | | | |
|-----------|------------|----|---|
| Last Name | First Name | MI | <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. |
|-----------|------------|----|---|

Residence Address

| | | | |
|------|----------------|---------|-----------------|
| City | State/Province | Country | Zip/Postal Code |
|------|----------------|---------|-----------------|

| | | |
|------------|------------|---------|
| Home Phone | Work Phone | Fax No. |
|------------|------------|---------|

E-mail Address

| | |
|---------------------------|--|
| Application Status | <input type="checkbox"/> Original Application (Complete <u>entire</u> form, attach supporting documents, and submit with application. Fee: \$100.00 (USD)) |
| | <input type="checkbox"/> 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: *For further information on completing this form, see the ICRM website*
 ICRM www.icrm.org www.icrm.org/forms/ICRMform1.pdf
 403 East Taft Road Fax: 315-474-1784 (2011-08-22a - Previous Versions Obsolete)
 North Syracuse, NY 13212 USA

| | | | | |
|---|---|----------------|-----------------------------------|------------------|
| 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) | | | |
| | <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) 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. | | | |
| Original Application Checklist | Applicant's Signature _____ Date _____ | | | |
| | <p>Before submitting this application, have you;</p> <p><input type="checkbox"/> Completed all sections on both sides of the form, and dated and signed the form in ink?</p> <p><input type="checkbox"/> Enclosed (or otherwise provided) complete documentation of education and professional experience (include copy of diploma, transcripts, job descriptions, client letters, employers letters, etc.)?</p> <p><input type="checkbox"/> Indicated on a separate sheet any special needs (e.g., handicap) which may affect the examination process?</p> <p><input type="checkbox"/> Provided payment (check, money order, or credit card) in USD funds.</p> | | | |
| Payment | <p><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!</p> <p>Bill to Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> American Express</p> <p>Account Number: _____ VCode: _____ Expires: _____</p> <p>Note: If paying by credit card and the billing address is different than the residence address, enter the billing address in the space provided.</p> <p>Billing Address: _____</p> <p>Signature: _____</p> | | | |