

**Certification Maintenance Points
Verification Form**



Institute of Certified Records Managers
230 Washington Avenue Extension
Albany, NY 12203

IDENTIFICATION

LAST NAME, FIRST NAME

EMAIL

ADDRESS

PHONE

Use this form in conjunction with online request or hardcopy request form to verify Category D requests or to otherwise provide verification for points. Do not submit internal proprietary materials or intellectual property.

ACTIVITY INFORMATION

Request Type: **A: Attend** **B: Present** **C: Write** **D: Other**

ACTIVITY TITLE / DESCRIPTION

For Category D requests, provide/attach a brief summary of the work scope, process/steps taken, etc., to support a full understanding of your work and the resultant professional development for points.

ACTIVITY SPONSOR

ACTIVITY DURATION

CMPs REQUESTED (30 MAX.)

ACTIVITY START & END DATES:

WORD COUNT (Category C)

SINGLE AUTHOR: 450 words = 1 point JOINT AUTHOR: 450 words = 1/2 point

VERIFICATION (DIRECT SUPERVISOR, CLIENT, SPONSOR) (Evidentiary documentation may be required to support this request.)

NAME:

TITLE:

EMAIL:

PHONE:

RELATION TO CRA/CRM:

VERIFICATION SIGNATURE:

DATE:

SIGNATURE OF REQUESTING CRM

DATE:

EMAIL TO: admin@icrm.org
MAILTO:
Institute of Certified Records Managers
230 Washington Avenue Extension
Albany, NY 12203

KNOWLEDGE, EXPERIENCE, INTEGRITY

www.icrm.org

PLEASE ALLOW 4 WEEKS FOR PROCESSING.

Previous Versions Obsolete
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