

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

**KNOWLEDGE, EXPERIENCE, INTEGRITY**

[www.icrm.org](http://www.icrm.org)

PLEASE ALLOW 4 WEEKS FOR PROCESSING.

*Previous Versions Obsolete*  
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