



**Institute of Certified Records Managers**  
**REINSTATEMENT APPLICATION**

Use this form to reinstate certification for (check one):  
 Certified Records Analyst (CRA)  
 Certified Records Manager (CRM)

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	Mr.	Ms.	Dr.
-----------	------------	----	-----	-----	-----

Residence Address

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

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

E-mail Address

<b>Application Status</b>	Reinstatement application (Complete entire form and submit with reinstatement fee of \$100.00 USD.)
	Year certified                      Year de-certified                      Year retired (if applicable)

<b>Applicant's Certification</b>	<p>I, _____ (please print name)</p> <ol style="list-style-type: none"> <li>have read and understood the requirements governing the examination process in force at the time of the completion of this application;</li> <li>certify that the statements made by me in this application and the contents of the supporting documentation are complete and true;</li> <li>support and pledge to conform to the standards of professional conduct and Code of Ethics of the Institute of Certified Records Managers;</li> <li>understand and agree that the certification 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;</li> <li>understand that any attempt to cheat on the examination process with result in being disqualified from certification.</li> </ol> <p>Applicant's Signature _____ Date _____</p>
----------------------------------	---

<b>Reinstatement Application Checklist</b>	<p>Before submitting this application, have you:</p> <p>Completed all sections of the form and dated and signed the form in ink?          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. Includes any pro-rated dues.</p>
--	--

<b>Payment</b>	<p>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:      Visa                      Master Card                      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>
----------------	---