

## 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:

KNOWLEDGE, EXPERIENCE, INTEGRITY

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

PLEASE ALLOW 4 WEEKS FOR PROCESSING.

*Previous Versions Obsolete*  
ICRM FORM 4 2018-04-09