



COMMITTEE USE ONLY

Selected for
Validation _____

Validation Approved

Initials _____

Date _____

Please fill in your personal information, check the appropriate attestation box, and sign your name before returning this form to FIRMA.

Name: _____

Title: _____

Employer: _____

Work Address: _____

Work Telephone: _____ **Fax:** _____

Work E-Mail: _____

Home Address: _____

Home Telephone: _____ **Home E-Mail:** _____

Please send FIRMA correspondence to: Work
 Home

List in the FIRMA directory: Work
 Home

FIRMA Certified Member Annual Attestation of Continuing Education

I hereby certify completion/performance of the Continuing Education Requirements of FIRMA for the rolling 3-year period ending December 31, 2005. I also attest that I meet the standards of the FIRMA Code of Ethics, and that I am in good standing with my certifying entity. I understand that I am responsible for maintaining my individual Continuing Education records and that my CE records may be selected for validation by the FIRMA Education Committee.

Check the appropriate box for when you received your license/certification:

- Licensed/Certified in 2004 -- 30 CE's (10 FIRMA specific)
- Licensed/Certified in 2003 -- 60 CE's (20 FIRMA specific)
- Licensed/Certified in 2002 or prior -- 90 CE's (30 FIRMA specific)

Signature

Date

License/Certification (eg, CFIRS, CISA, CRCM, etc.)

Certifying Organization (eg, Cannon, IIA, ICB, etc.)

Please return this form to: FIRMA--Continuing Education
P.O. Box 507
Stockbridge GA 30281
or fax to (678) 565-8788

**CONTINUING EDUCATION ATTESTATION MUST BE RECEIVED
IN THE FIRMA OFFICE BY DECEMBER 31ST ANNUALLY**