



FIRMA

Fiduciary & Investment Risk Management Association

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
(pick one) Home

List in the FIRMA directory: Work
(pick one) Home

FIRMA Certified Member Annual Attestation of Continuing Education (check one:)

I hereby certify completion/performance of the Continuing Education Requirements of FIRMA for the 3-year period ending December 31, 2009. I also attest that I meet the standards of the FIRMA Code of Conduct, 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.

OR

I am a new Certified Member who joined FIRMA in 2007, 2008, or 2009, therefore I am not required to attest to CE hours in 2009. However, I attest that I meet the standards of the FIRMA Code of Conduct and that I am in good standing with my certifying entity.

OR

I have not met my CE requirements and request to be moved to Sustaining membership status.

OR

I require a special exemption. (Please attach supporting documentation)

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

Forms may also be faxed to (678) 565-8788 or emailed to thefirma@bellsouth.net

ALL CERTIFIED MEMBERS MUST SUBMIT THIS CONTINUING EDUCATION ATTESTATION TO THE FIRMA OFFICE BY DECEMBER 31ST ANNUALLY