



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: _____ Work Fax: _____

Work E-Mail: _____

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, 2016. 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 2014, 2015, or 2016, therefore I am not required to attest to CE hours in 2016. 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 would like to request 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 669515

Marietta, GA 30066

Forms may also be faxed to (770) 790-8363 or emailed to thefirma@att.net

ALL CERTIFIED MEMBERS MUST SUBMIT THIS CONTINUING EDUCATION ATTESTATION TO THE FIRMA OFFICE BY NOVEMBER 30TH ANNUALLY