

**Application for Admission to the
Alabama Public Personnel Administrators
Risk Management Specialist Certification Program**

AAPPA Risk Management Certification
Government & Economic Development Institute
213 Extension Hall
Auburn, AL 36849-5225

The AAPPA Risk Management Certification Program is designed to provide greater proficiency and understanding to individuals involved in the processes of risk management. Those eligible to achieve certification are those involved in risk management and safety for Alabama public sector agencies.

Alabama Certified Risk Management Specialist (ACRMS) Designation Requirements:

1. A minimum of two years full time experience in risk management and safety. Two years of experience from another state may be included in lieu of the two years in Alabama. Experience in another state will be considered on a case-by-case basis.
2. Successful completion of the five courses included in the education program.

Biographical Information:

Last Name: _____ First Name: _____ M.I. _____

Work Address: _____

City: _____ State: _____ Zip: _____

Telephone (Work): _____ (Home): _____

Fax: _____ E-Mail: _____

Relevant Career Information (List the most recent first)

Job Title 1: _____ from: _____ to _____

Organization: _____

Supervisor and Title: _____

Primary Job Responsibilities: _____

Job Title 2: _____ from: _____ to _____

Organization: _____

Supervisor and Title: _____

Primary Job Responsibilities: _____

Job Title 3: _____ from: _____ to _____

Organization: _____

Supervisor and Title: _____

Primary Job Responsibilities: _____

Directions:

- Please include the following with your application: [1] your official job description, and [2] the organizational chart for your department and for the city/county/municipality in which you are employed.
- Please sign and date this form and have your supervisor or department manager sign and date this form.
- Return this form and attachments to:
 AAPPA Risk Management Certification
 Government & Economic Development Institute
 213 Extension Hall
 Auburn, AL 36849-5225

I verify that the information on this page and on the attached documents is accurate statements of the applicant's job duties and responsibilities.

Signature of Applicant

Date

Signature of Department Manager

Date

For Education Committee Use Only

Alabama Certified Risk Management Specialist *Approval Date* _____

Signed: _____