## 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:				
Telephone (Work):	(Home):			
Fax:	E-Mail:			
Relevant Career Information (List the most recent first)				
Job Title 1:	from:	to		
Organization:				
Supervisor and Title:				
Primary Risk Management Responsibilities:				

Supervisor and Title:			
Primary Risk Management Responsibilities:			
Job Title 3:	from:	to	
Organization:			
Supervisor and Title:			
Primary Risk Management Responsib	ilities:		
<ul> <li>Directions:</li> <li>Please include the following with your app [2] the organizational chart for your depar which you are employed.</li> <li>Please sign and date this form and have y and date this form.</li> <li>Return this form and attachments to throu AAPPA Risk Management Certification Government &amp; Economic Developmen 213 Extension Hall Auburn, AL 36849-5225</li> </ul>	tment and for the city/ your supervisor or dep igh email to <u>gedi@auk</u> n it Institute	county/municipality in partment manager sign purn.edu or by mail:	
I verify that the information on this page a statements of the applicant's job duties and r		locuments is accurate	
Signature of Applicant	Date		
Signature of Department Manager	Date		

Job Title 2: \_\_\_\_\_ from: \_\_\_\_\_ to \_\_\_\_\_

Organization:

For Education Committee Use Only	
Alabama Certified Risk Management Specialist	Approval Date
Signed:	