



The Florida Records Management Association

FCRM EXTENSION & RECERTIFICATION FORM

NOTE: FRMA Director Education MUST receive this application as follows: within 90 days before the recertification deadline to request an extension, or within 90 days after the decertification date to request recertification.

GENERAL INFORMATION		DATE:
LAST NAME:		FIRSTNAME:
ADDRESS (STREET, CITY, STATE, ZIP CODE)		FRMA MEMBER NUMBER:
EMAIL ADDRESS:	TELEPHONE NUMBER:	FAX NUMBER:
PLEASE CHECK THE APPROPRIATE BOX BELOW		NUMBER OF HOURS REQUESTED
<input type="checkbox"/>	Extension (\$20.00 fee)	
<input type="checkbox"/>	Recertification Notification	
<input type="checkbox"/>	Decertification (\$40.00 fee)	
<input type="checkbox"/>	OTHER:	

BRIEF DESCRIPTION OF REQUEST:

FRMA USE ONLY:

FRMA ADMINISTRATIVE ACTION	CREDIT HOURS APPROVED
<input type="checkbox"/> Base upon the information provided you did not meet FRMA's approval requirements.	
<input type="checkbox"/> Your Request Application is approved .	
<input type="checkbox"/> Please provide additional information.	

MEMBER SIGNATURE: _____ DATE: _____

DIRECTOR OF EDUCATION SIGNATURE: _____ DATE: _____