



The Florida Records Management Association

FCRM
EXTENTION & RECERTIFICAITON 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 APPROPERATE BOX BELOW NUMBER OF HOURS REQUESTED COURSE/SEMINAR DATE:
Extension (\$20.00 fee)
Recertification Notification
Decertification (\$40.00 fee)
OTHER:

BRIEF DESCRIPTION OF REQUEST:

[Empty text area for brief description of request]

FRMA USE ONLY:

FRMA ADMINISTRATIVE ACTION CREDIT HOURS APPROVED

Base upon the information provided you did not meet FRMA's approval requirements.
Your Request Application is approved.
Please provide additional information.

MEMBER SIGNATURE: DATE:
DIRECTOR OF EDUCATION SIGNATURE: DATE: