

Redesignation Application for CAI's Community Insurance & Risk Management Specialist Designation



CIRMS Redesignation Requirements and Application

Education and Participation Requirements: All insurance and risk management professionals holding the CIRMS designation will need to continue their personal and professional development through a combination of continuing education and service activities. The CIRMS designation must be renewed with a total of 35 points attained within the last three years for designees to maintain an active status.

Applicant Information (Please print)

CAI Member Number _____ Current Title _____
Full Name _____
Firm/Association _____

Office: Address _____

City/State/Zip _____

Phone _____ Fax _____

Email Address _____ Website _____

Please indicate if this is an address change

Home: Address _____

City/State/Zip _____

Phone _____ Email Address _____

Please indicate if this is an address change

Education

If you have maintained one of the following professional designations (listed below) for at least the last three years, please indicate which designation _____ . 20

Please indicate if you have achieved one of the following professional designations in the last three years.

- CPCU 15
- CIC 10
- ARM 5
- AIS 5
- CRM 10
- Other _____ 5

CAI Specific Education

- M-100—passed or facilitated Date: _____ 40
- M-205—passed or facilitated Date: _____ 40
- M-330—passed or facilitated Date: _____ 40

CAI National Conference insurance or risk management sessions

- Session _____ Date: _____ 10
- Session _____ Date: _____ 10
- Session _____ Date: _____ 10
- Session _____ Date: _____ 10
- Session _____ Date: _____ 10

Additional CAI courses

- Course _____ Date: _____ 5
- Course _____ Date: _____ 5

CAI Leadership—National

Attended national conferences/Law Seminar

- Location _____ Date: _____ 10
- Location _____ Date: _____ 10
- Location _____ Date: _____ 10
- Location _____ Date: _____ 10
- Location _____ Date: _____ 10
- Location _____ Date: _____ 10

- National Trustee Date(s): _____ 20
- Foundation Director Date(s): _____ 20
- NBC-CAM Commissioner Date(s): _____ 20
- CAI national committee Date(s): _____ 10
- Member of CIRMS Sub Committee Date(s): _____ 10

CAI Leadership—Local

CAI chapter board member (per year)

10

CAI chapter officer (per year)

20

Chapter committees

Committee _____ Date: _____

5

Committee _____ Date: _____

5

Committee _____ Date: _____

5

Committee _____ Date: _____

5

Committee _____ Date: _____

5

Attend local chapter conference/seminars

Event/Seminar _____ Date: _____

5

Event/Seminar _____ Date: _____

5

Event/Seminar _____ Date: _____

5

Event/Seminar _____ Date: _____

5

Event/Seminar _____ Date: _____

5

CAI Participation—National

Presenter at CAI national conference, APCM regional conference, or Law Seminar

Seminar _____ Date: _____

10

Seminar _____ Date: _____

10

Seminar _____ Date: _____

10

Seminar _____ Date: _____

10

Seminar _____ Date: _____

10

Articles for *Common Ground* or other CAI national publications

(500 words—10 points) (1,000 words—15 points) (1,500 words—20 points)

Article _____ Date: _____

0/15/20

Article _____ Date: _____

0/15/20

Article _____ Date: _____

0/15/20

ABCs facilitator _____

5

National ad hoc assignment _____

5

Other activities _____

5

Applicant's Affidavit

- Yes No Have you ever been involved in reorganization for the benefit of creditors or in bankruptcy as a debtor? If yes, attach a detailed explanation.
- Yes No Have you ever been convicted of fraud, misrepresentation, or misappropriation of funds or property? If yes, attach a detailed explanation.
- Yes No Have you ever been convicted of a felony or misdemeanor, or imprisoned under sentence for any felony or misdemeanor (except traffic violations) in the last ten years? If yes, attach a detailed explanation.
- Yes No Have you ever been subject to disciplinary action by any professional organization? If yes, attach a detailed explanation.
- Yes No Has your Insurance License ever been revoked or suspended?

Please Read the Following and Affirm by Signing Below

I have read and understand the redesignation application instructions and all the rules and regulations. All of the information provided is complete and correct to the best of my knowledge and belief. If I made or at any time make statements with knowledge of its falsity, I understand that it shall be cause for denial or revocation of the CIRMS designation.

I shall conduct myself in accordance with the Professional Code of Ethics for Insurance and Risk Management Professionals and shall be bound by the bylaws and regulations of CAI and the Credentials Committee. I understand CAI reserves the right to revise or update this application and the Professional Code of Ethics, and it is my responsibility to be aware of CAI's current requirements.

I shall supply all additional information requested by CAI upon request. I shall pay annual fees as set by CAI.

I agree CAI may censure, suspend, or revoke or otherwise terminate my application or designation, in accordance with the adopted policies of CAI; and CAI may disclose its actions, in full or in part, to the members of CAI and the general public.

I waive and forever release all claims and demands, or causes of action that I may have now or may in the future have against CAI, its members, trustees, officers, and employees in awarding the CIRMS designation, failing to award the CIRMS designation or in censuring, suspending, or revoking the CIRMS designation.

Applicant's signature _____ Date _____

Please send completed application to:

Community Associations Institute
Designations Department
6402 Arlington Blvd., Suite 500
Falls Church, VA 22042
Phone: (888) 224-4321
Fax: (703) 970-9558
www.caionline.org



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