



EMPLOYMENT EXPERIENCE AFFADAVIT

To be completed by the Supervisor/HR professional

RIMS-CRMP APPLICANT INFORMATION

Applicant Name: _____ Title: _____

Business Name/Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Years of Experience in Risk Management: 0-2yrs: _____ 3-5yrs: _____ 5-7yrs: _____ 8-10yrs: _____ 10+: _____

Dates of employment: _____

SUPERVISOR/HUMAN RESOURCES REPRESENTATIVE

This form verifies that qualifications of the above named applicant meet the work experience requirements for the Certified Risk Management Professional (RIMS-CRMP). Please complete this form and return to the applicant for inclusion in the application packet. Do not mail, email or fax this form.

Representative Name: _____ Title: _____

Business Name/Address: _____

City: _____ State/Province: _____ Postal Code: _____

Country: _____

Telephone: _____ Email: _____

I hereby verify that that the information provided is true and correct and I release this form to RIMS for verification. I am aware that all applications are subject to audit by the Risk and Insurance Management Society (RIMS) and that I or my supervisor may be contacted by the Certification Programs Department.

Representative Signature: _____ Date: _____

Applicant Signature: _____ Date: _____