Application for Admission to the Alabama Public Personnel Administrators Risk Management Specialist Certification Program

Send Applications to:
AAPPA Certifications
Government & Economic Development Institute
213 Extension Hall
Auburn, AL 36849-5225
or e-mail, gedi@auburn.edu

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 one year full time experience in risk management and safety. One year of experience from another state may be included in lieu of the one year 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: _____ State: _____ Zip: _____

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: _____

_____

Job Title 2: _____ from: _____ to _____

Organization: _____

Supervisor and Title: _____

Primary Risk Management Responsibilities: _____

_____

Job Title 3: _____ from: _____ to _____

Organization: _____

Supervisor and Title: _____

Primary Risk Management Responsibilities: _____

_____

Directions:

Please include the following with your application:

1. Your official job description
2. The organizational chart for your department and for the city/county/municipality in which you are employed
3. Please sign and date this form and have your supervisor or department manager sign and date this form

Return this form and attachments to:

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Auburn, AL 36849-5225
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I verify that the information on this page and on the attached documents is accurate statements of the applicant's job duties and responsibilities.

_____ _____
Signature of Applicant Date

_____ _____
Signature of Department Manager Date

Board Use Only:
Board Approval Date: _____

☐ Risk Management