



RECEIVABLES MANAGEMENT CERTIFICATION PROGRAM
CERTIFIED RECEIVABLES COMPLIANCE PROFESSIONAL (CRCP)
APPLICATION

Instructions: Please take your time in filling out this application and print legibly. This application should be completed by the individual seeking an Individual Certification (hereinafter referred to as "Applicant").

Date: _____

Type of Application: [] First-Time Application [] Renewal Application

Individual Information

1. Legal name of Applicant:

First _____ Middle _____ Last _____

2. Date of Birth of Applicant: _____

3. Applicant Home Address (used only for background report):

Street _____ City _____ State _____ Zip _____

4. Applicant's Individual Certification Number (if renewing): _____

5. Employer Name: _____

6. Employer Mailing Address: Street _____ City _____ State _____ Zip _____

7. Telephone Numbers: Employer-Issued _____ Cell _____ Other _____

8. Email Addresses: Employer-Issued _____ Other _____

9. Employer Website Address: _____

10. Is your employer certified by RMA as a “Certified Professional Receivables Company” or a “Certified Receivables Broker”?

Yes No

10a. If “yes” to question 10, please provide their certification number: _____

10b. If “yes” to question 10, will you be serving as their Chief Compliance Officer? Yes No

11. Job Title: _____

Acknowledgements

I, _____ (insert name of Applicant signatory), hereby certify and agree to each of the following statements by affixing my initials next to said statements:

12. _____ I am eighteen years of age or older and have the legal capacity to be bound by this application.

13. _____ I have read and understood this application and the Receivables Management Certification Program [Governance Document](#) and by my signature below agree to bind myself to its terms.

14. _____ I have received a minimum of 24 credit hours of continuing education in the past two (2) years that have been approved by RMA, including 2 credit hours of ethics, 4 credit hours from RMA’s “Introductory Survey Course on Debt Buying” (first-time applicants), and 4 credit hours from RMA’s “Current Issues Course on Debt Buying” (for renewing applicants). **Please attach copies of your certificates.**

15. _____ I understand that my educational credits and any other responses I provide on this application may be audited by RMA or an agent of RMA and I agree to cooperate and provide such information and documentation necessary to confirm the accuracy of my responses.

16. _____ I authorize RMA to publish my name, title, certification number, year certified, employer issued telephone number, and employer issued email address along with my employer’s name, certification number, year certified, website address, mailing address, and telephone number in a directory of Certified Individuals that is provided on a publicly accessible website maintained by RMA.

17. _____ I have never been convicted of a crime involving dishonesty, fraud, deceit, or misrepresentation, or any misappropriation of confidential data or information. If you have been convicted of a crime involving dishonesty, fraud, deceit, or misrepresentation, or any misappropriation of confidential data or information, please attach to the application a page that provides the details of such conviction.

18. _____ I authorize RMA to obtain a civil and criminal background report on me that contains data compiled by a nationally or internationally recognized commercial service. The report will remain confidential and used by RMA Staff and the Certification Council’s Administrative and Budget Committee solely for the purpose of determining compliance with section 5.6(C) of the Certification Program’s

Governance Document. I agree to cooperate with RMA Staff if clarification is required on items contained in the report.

19. _____ I have never been expelled from the RMA Certification Program.

20. _____ I have never been associated with a company that was expelled from membership or certification with RMA. If you have been associated with a company that was expelled, please attach to the application a page that documents the company's name, dates of your association with the company, and the role you served with the company.

21. _____ I understand that I must reapply for certification every two (2) years prior to the expiration of the current certification.

22. _____ I agree to hold RMA, its agents, directors, council members, staff, and/or auditors harmless from any claim of damage or loss as a result of my failure to achieve certification.

23. _____ I will notify RMA in writing within thirty (30) days of any material change that occurs that would make any information provided on this application inaccurate.

24. _____ Pursuant to Section 7.8 of the Governance Document, I agree to abide with the following conditions for the use of Certification Program logos:

RMA grants a nonexclusive license to certified individuals to display RMA issued and approved Certification Program logos on their letterhead, business cards, or electronic communications provided that their certification status remains in good standing. No property rights, trademark, or other intellectual property interests of RMA are transferred to certified individuals. Certified individuals are expressly prohibited from creating their own Certification Program logos, altering the RMA issued and approved logos, using discontinued RMA logos, assigning the use of RMA logos to any other party, using RMA logos in emails or on advertisements for the sale of receivables when the individual's company is not RMA certified, and using RMA logos on contracts, purchase agreements, or any other binding legal documents.

Signature

I, _____ hereby certify that all of the information I have provided herein is true and complete to the best of my knowledge. I understand that any misrepresentation of information included on this form or in this process is grounds for revocation of my certification. I authorize verification of this information and release all concerned from any liability in connection therewith. I hereby apply to RMA to be certified as a "Certified Receivables Compliance Professional" and agree to abide by the rules and procedures established by RMA in the administration of the Certification Program.

Full Name of Applicant: _____

Signature of Applicant: _____

Date of Signature: _____

Application Fees

\$ _____ **Application Fee** Add \$250 for RMA member/\$350 for non-RMA Member/\$100 for Retired or Inactive Status after leaving RMA member (renewals only)

+ \$ _____ **Administrative Fee** Add \$100 if you are a first-time applicant

= \$ _____ **TOTAL**

Billing Information:

Visa

MasterCard

AMEX

Check Enclosed

Credit Card Number: _____

CVC Code: _____ Exp. Date: _____ Amount Due: _____

Signature of Card Holder: _____

Billing Address (if different from above): _____

Mail or email the completed application with any required attachments and required fees to:

RMA
Receivables Management Certification Program
1050 Fulton Avenue, Suite 120
Sacramento, CA 95825
cert@rmassociation.org

If you have any questions concerning the application contact the RMA office by phone at 916-482-2462 or email cert@rmassociation.org.

Confidentiality of Information. Information submitted as part of the Certification Program shall be kept confidential and used for the limited purpose of determining eligibility for certification, compliance with certification, or as provided in section 11.6 of the Certification Program.