



**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

<b>Individual Information</b>
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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. Job Title: \_\_\_\_\_

7. Employer Mailing Address:

\_\_\_\_\_

Street    City    State                      Zip

8. Telephone Numbers: \_\_\_\_\_

Employer-Issued                      Cell    Other

9. Email Addresses: \_\_\_\_\_

Employer-Issued                      Other

10. Employer Website Address: \_\_\_\_\_

11. Is your employer certified by RMAI as a “Certified Receivables Business” or a “Certified Receivables Vendor”?

Yes       No

11a. If “yes” to question 11, please provide their certification number: \_\_\_\_\_

11b. If “yes” to question 11, will you be serving as their Chief Compliance Officer?  Yes       No

**[Please note: Chief Compliance Officers must maintain a minimum of 12 live in-person continuing education credits out of the required 24 education credits.]**

## 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 RMAI, including 2 credit hours of ethics, 4 credit hours from RMAI’s “Introductory Survey Course on Debt Buying” (first-time applicants), and 1 credit hour on identifying and avoiding discriminatory collection practices. **Please attach copies of your certificates.** **[Please note: Renewing Applicants seeking “Retired or Inactive Status” are exempt from this requirement.]**

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

16. \_\_\_\_\_ I authorize RMAI 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 RMAI.

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 RMAI 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 RMAI 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 RMAI Staff if clarification is required on items contained in the report.

19. \_\_\_\_\_ I have never been expelled from the RMAI Certification Program.

20. \_\_\_\_\_ I have never been associated with a company that was expelled from membership or certification with RMAI. If you have been associated with a company that was expelled, please attach to the application a document that provides 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 understand that RMAI may grant a nonexclusive license to RMAI certified individuals to display an RMAI issued and approved Certified Receivables Compliance Professional (CRCP) logo in a manner proscribed by RMAI. I understand that no property rights, trademark, or other intellectual property interests of RMAI are transferred to certified individuals by authorizing the use of a CRCP logo. I understand that RMAI reserves the right to alter the logo, amend how the logo can be used, or terminate the right to use the logo at any time.

23. \_\_\_\_\_ I agree to hold RMAI, 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.

24. \_\_\_\_\_ I will notify RMAI in writing within thirty (30) days of any material change that occurs that would make any information provided on this application inaccurate.

### 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 RMAI to be certified as a "Certified Receivables Compliance Professional" and agree to abide by the rules and procedures established by RMAI in the administration of the Certification Program.

Full Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date of Signature: \_\_\_\_\_

### Application Fees

\$ _____	<b>Application Fee</b>	Add \$250 for RMAI member/\$350 for non-RMAI Member/\$100 for Retired or Inactive Status after leaving RMAI member (renewals only)
+ \$ _____	<b>Administrative Fee</b>	Add \$100 if you are a first-time applicant
= \$ _____	<b>TOTAL</b>	

**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:**

Receivables Management Association International  
Receivables Management Certification Program  
1050 Fulton Avenue, Suite 120  
Sacramento, CA 95825  
cert@rmaintl.org

If you have any questions concerning the application, please contact the RMAI office by phone at 916-482-2462 or email [cert@rmaintl.org](mailto:cert@rmaintl.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.