



**Records Management Professional
Certificate Program**

AFFIDAVIT OF COMPLETION

Name: _____

Agency: _____

Address: _____

Phone: _____

Email: _____

Upon completion of the requirements of the Records Management Professional Certificate Program, please provide the following information and forward to the Certificate Program Chairperson. All requirements, including the affidavit, must be completed within five (5) years of entering the program.

Date Entered Program: _____

Member in good standing for the last five years?

- Yes**
- No**

List each class under the applicable knowledge area	Date(s) of class	Duration (hours)
AK1: Overview of Laws and Regulations Relating to Records Management (8 hrs)		
AK2: Disaster Planning and Preparedness (6hrs)		

	Date(s) of Class	Duration (hours)
AK3: Records Management Program Development (13 hrs)		
AK4: Records Management Program Implementation (13 hrs)		
AK 5: Electronic Records Management (14 hrs)		
Total (hours)		

I hereby certify that the above statements and supporting data are a true and accurate account of my training and education for the period stated. I understand that the failure to provide relevant, true and accurate information in support of this application will be grounds for denying the award of this Certificate.

Signature

Date

After review and verification of information, the GRA Education Committee Chairperson will contact you if additional information is required.