



**The Society of Professional Adjusters**

**Continuing Education Claims Management Application (CECM)**

**The Society of Registered Professional Adjusters**

**APPLICATION FEE \$175**

**Applicant Must Be Directly Involved in Claims**

**Applicant Information:**

Name \_\_\_\_\_

Designation: \_\_\_\_\_

**Home Information:**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State and Zip \_\_\_\_\_

Phone \_\_\_\_\_

Home E-Mail address: \_\_\_\_\_

**Professional Information:**

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## **Applicant Information**

**Please complete all of the following portions of the Application and include requested documentation. Please substantiate one of the following requirements with proper documentation:**

\_\_\_ I have completed at least 15 Hours of Continuing Education; Documentation included

\_\_\_ I have achieved passing grade after completing a nationally recognized examination covering an insurance related course or program, documentation included

\_\_\_ I have served as one of the following. Please note that the presentation must be a minimum of 60 minutes. Please include one or more the following: copy of the presentation, session advertisement, verification from the sponsoring organization or copy of the program brochure

- \_\_\_ Primary Speaker
- \_\_\_ Panel Moderator
- \_\_\_ Panel Participant
- \_\_\_ Classroom Instructor

\_\_\_ I have authored a published print publication website or newsletter 500 word article pertaining to an insurance related topic. Please include either a copy of the publication with the article or a screen shot of the website with the article featured.

\_\_\_ I have served on insurance related board or committee of a national insurance association.

- \_\_\_ Officer
- \_\_\_ Director

I assert that all information supplied is true and accurate

\_\_\_\_\_  
(Signature)

All completed CECM Applications can be sent with the \$175 application fee to  
RPA, P.O. Box 512, Geneva, IL 60134 or with the completed credit card information per below.

All completed CERM applications, with documentation and fees will be reviewed for approval by a Credentials Committee.

**Credit Card Information:**

Visa Master Card AMEX Discover , Please circle one

Card Number \_\_\_\_\_

Exp Date: \_\_\_\_\_

Amount Authorized: \$175.00

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_