

License/Certification (eg, CFIRS, CISA, CRCM, etc.)

Please fill in your personal information, check the appropriate attestation box, and sign your name before returning this form to FIRMA. Name:	Validation Approved Initials Date
Employer:	
Work Address:	<u></u>
Work Telephone: Mobile Phone: Work Email:	
Home Email:	<u></u>
☐ I hereby certify completion/performance of the Continuing Education Req 2-year period ending December 31, 2024. I also attest that I meet the standards of t and that I am in good standing with my certifying entity. I understand that I am re individual Continuing Education records and that my CE records may be selected Education Committee. OR ☐ I am a new Certified Member who joined FIRMA in 2023 or 2024, therefore	the FIRMA Code of Conduct, sponsible for maintaining my for validation by the FIRMA
to CE hours in 2024. However, I attest that I meet the standards of the FIRMA Coin good standing with my certifying entity.	ode of Conduct and that I am
OR ☐ I have not met my CE requirements and request to be moved to Sustaining no OR ☐ I would like to request a special exemption. (Please include explanation/supplements)	•
Signature Date	

COMMITTEE USE ONLY

Selected for

Validation

Certifying Organization (eg, Cannon, IIA, ICB, etc.)

Please return this form to:

FIRMA--Continuing Education P.O. Box 669515

Marietta, GA 30066

Forms may also be faxed to (770) 790-8363 or emailed to the firma@att.net You can also submit your form online at https://thefirma.org/login.php?return_to=/members/ce-attestation.php

ALL CERTIFIED MEMBERS MUST SUBMIT THIS CONTINUING EDUCATION ATTESTATION TO THE FIRMA OFFICE BY NOVEMBER 30TH IN EVEN-NUMBERED YEARS