Professional Recognition Checklist

DFASHRM		
Application Form (□)		
Application Fee* (🗆)		
Member for at least 10 years (□)		
Designations – minimum of 3		
	CPHRM	
	Additional Designation	
	Additional Designation	
Continuing Education Credits		
	Continuing education form complete	
	150 hours	
П	Within past 10 years Copies w/	
Ш	Name of program	
	Date of program	
	o # of contact hours	
	Content code (1-6)	
Contact	t hour = 60 minutes of educational	
experience		
Employment Experience		
	10 years minimum experience	
	Current job description	
	2 letters of reference	
	Typed summary of RM experience (ie:	
	resume or CV) indicating growth of	
	responsibility/authority	
Contributions to the field		
ALL REQUIREMENTS in 3 categories		
<u>Leaders</u>		
	2 examples totaling 4 years (each at	
	least 1 year in duration)	
	W/in past 10 years	
	Dates of service	
	Activities performed	
	Written verification of title/leadership	
	position held provided by the	
_	organization	
	Examples not work related	

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Publishing	
	Copy of book chapter (as primary or
	co-author) OR
	2 articles published in
	journals/periodicals with circulation of
	1000 readers or more (as primary
	author of at least one of the
	submissions)
	Published w/in 5 years of date of
	application
	Related to the field of risk
	management
	Articles or book chapters must bear
	the publication's name and date of
	publication
	Publications not work related
Lecturing	
	2 examples as speaker or faculty for
	risk management programs
	 One must be national/state
	 One must offer continuing
	educational credit
	Conducted w/in 5 years of application
	Documentation verifying purpose or
	occasion of the presentation (program
	brochure or correspondence from
	program sponsors)
	Presentation is not work related