



International Risk Management Institute, Inc.  
12222 Merit Drive, Suite 1450  
Dallas, TX 75251

## CRIS® Reaccreditation Certification Form

Name: \_\_\_\_\_

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

Course Offering: \_\_\_\_\_

Credit Hours  
Earned: \_\_\_\_\_

Course Date: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Once you have **completed the required 7 hours for reaccreditation** please submit this form(s) and evidence of completion certificate(s) to: [continuingeducation@irmi.com](mailto:continuingeducation@irmi.com)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name