CERTIFIED QUALITY AND RISK MANAGEMENT SPECIALIST

Renewal Form

All Spaces MUST Be Completed

Current Information:
Name: _____
Home Street Address: _____
City: _____ State: _____
Zip: _____ Home Phone: __(___) _____
Work Phone: __(___)_____
Fax#: ___(___)_____
Email Address:_____

Previous Information *ONLY* if it has changed in the past 2 years:
Name: _____
Street Address: _____
City: _____
State: _____ Zip: _____

Instructions:

1. List CEU topics, dates and hours from the past **two years** in session column below.
2. Attach copies of certificates (that are signed by instructor and show topic, instructor's name and credentials, date, location, length in hours, sponsoring agency). To re-certify as a CQRMS you are required to submit **24 hours** every two years.
3. Make sure all sections of this form are complete, and then **sign and date** (bottom of page) this form.
4. Please **make a copy** of this form, your check or money order and CEU certificates for your records.
5. Enclose **$100.00** for Renewal Fee. Make checks payable to: ALTCQI
6. Mail this completed **ORIGINAL FORM**, **CEU** documentation (copies only) and **$100.00** Renewal Fee to:
   ALTCQI
   Attention: Joy Cornelius
   2200 Woodcrest Place, Ste. 200
   Birmingham, AL 35209

Title of Session (Please list each session, do not write "see attached")	**Date**	**Clock Hours**

(USE REVERSE SIDE AS NECESSARY)

Renewals must be post marked by your expiration date. There will be a $50.00 late fee for all renewals submitted after your expiration date. If you do not renew within 60 days from your expiration date you will be removed for the certified members list.

Signature: _____ Date: _____