



National Association of Residential Property Managers

To: NARPM Designation/Certification Auditors

Re: Verification of Elective Points

This is to certify that _____ has provided service to NARPM by contributing in the following manner:

- Checklist of 10 items: 'Attended the _____ Chapter meeting held on: _____' with checkboxes.

Total Points: _____ (Per checklist 1 point per Chapter meeting with a maximum of 10 points verified by Chapter officer)

Or serving as one of the following:

- Checklist of 6 roles: Chapter Officer, Chapter Committee Chair, Chapter Committee Member, National NARPM Committee Chair, National NARPM Committee Member, National NARPM Board of Directors. Each with a checkbox and 'Served as _____ from _____ to _____'.

Chapter Officer / National NARPM Committee Chair / Director Date Printed Name / Position: Contact phone / email:

- Checklist item: 'Provided service to the NARPM _____ Committee by performing a service project on behalf of the Committee. The project consisted of the following task and time commitment:'

Dates of service: _____ to _____ (1 point for every 2 hours of service provided - Maximum of 30 points. All Verification of Elective forms should be completed and signed by the Supervising Party of the Service Project.)

National/Local Chapter NARPM Committee Chair Date Printed Name / Position: Contact phone / email:

I have reviewed the listed project and hereby assign _____ () points toward Designation Electives.

National NARPM Professional Development Chair Date