



**National Association of Residential Property Managers
Professional Development Committee**

Date: _____

Professional Development Chair Use only

Initials _____ **Date** _____

Certificate No. _____

Verification of Audit

On behalf of the NARPM® Professional Development Committee, I hereby conclude that:

_____ (Name of Candidate) for
the designation or certification of:

- ☐ **RMP® (Residential Management Professional) designation**
- ☐ **MPM® (Master Property Manager) designation**
- ☐ **CRMC® (Certified Residential Management Company) designation**
- ☐ **CSS® (Certified Support Specialist) certification**
- ☐ **CMC® (Certified Maintenance Coordinator) certification**
- ☐ **CRMB® (Certified Residential Management Bookkeeper) certification**

- ☐ Has met the requirements of the Candidacy Checklist and the requirements set forth by the Professional Development Committee.

I hereby approve the Candidate's packet and recommend them for the following designation or certification indicated above:

_____ Total Points have been approved for the designation/certification for the following Electives:

- ☐ Has not met the requirements for NARPM designation due to the following missing items:

NOTE: This information should be relayed to the Candidate. Once these items have been corrected or completed, the candidate must re-submit the packet.

- ☐ Has met most of the requirements for NARPM designation and I hereby recommend designation for the designation or certification indicated above:

CONTINGENT upon the completion of the following items prior to the upcoming Executive Board Meeting.

Respectfully submitted,

Signature: _____ Printed Name: _____
NARPM® Professional Development Committee – Auditor

*** EMAIL COMPLETED FORM TO NARPM® National designationinfo@narpm.org ***

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