



**Certification Agreement/Contract**

This contract is between the Florida Sunshine Chapter of AAHAM and \_\_\_\_\_.

I am stating the following information and agreeing to the following commitments below.

1. I agree that I have passed the following AAHAM certification exam noted below on the noted date
  - CRCE      Pass Date      \_\_\_\_\_
  - CRCP      Pass Date      \_\_\_\_\_
  - CRIP      Pass Date      \_\_\_\_\_
2. I agree that I am a member of National AAHAM and the Florida Sunshine Chapter and commit to remaining a member for the next 2 years. Member Number \_\_\_\_\_
3. I agree that I was financially responsible and paid for my Testing fees. Submit proof of payment either credit card receipt or electronic receipt from AAHAM National.
4. I commit to maintaining my AAHAM membership and my certification with CEUs as outlined on the AAHAM website under recertification.
5. I am applying for reimbursement of my testing fees in the amount of \_\_\_\_\_ to be repaid to me. I will commit to maintaining by AAHAM certification and membership as part of the contract for this repayment.
6. I am interested in further information about participation in chapter education and board activities.  
Yes \_\_\_\_\_ or No \_\_\_\_\_      Comment \_\_\_\_\_
7. I understand that not upholding the commitment to remain a member or certified for the 2 year period will create a situation where the Florida Sunshine Chapter will recollect this designated amount from me. I am also aware that my request for test funding will be reviewed and may be approved or denied, and the funds in the budget may be depleted prior to my request.
8. Name and address to send funds to :  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signed Florida Sunshine AAHAM Member requesting Fund      Date

\_\_\_\_\_  
Signed by Florida Sunshine AAHAM representative      Date