

CPRM EXAMINATION APPLICATION FORM



BEFORE YOU BEGIN

1. The Certified Practising Risk Manager (**CPRM**) certification is available to financial Members of the RMIA. If you are not already a Member, please use the 'become a member' link on our home page, www.rmia.org.au, to complete the online application form.
2. Your application must be accompanied by pdf documents as specified in the CPRM Framework. Please have ready:
 - a. RMIA EDUCATION PATHWAY:
 - **Part 1:** This CPRM EXAMINATION APPLICATION FORM supporting 5+ years' experience in a middle or senior risk management role.
 - **Part 2:** Your resume showing evidence of your risk experience.
 - **Part 3:** If you have completed the RMIA *Enterprise Risk Management* course, please enter the completion date of your course here:/...../.....
 - b. ACADEMIC PATHWAY:
 - **Part 1:** Documentation supporting 3 years' experience in a risk management role.
 - **Part 2:** Your resume showing evidence of your risk experience.
 - **Part 3:** Details of your postgraduate qualification in risk management at an Australian university or TEQSA-approved institution.

Please return to your application when you have your pdf documents ready.

TERMS AND CONDITIONS

- You will be required to complete the CPRM Examination.
- Results of the CPRM Examination are final. A pass in the CPRM Examination is required in order to be awarded CPRM certification.
- The CPRM Examination Application Fee is \$330 and includes CPRM certification for one year from the date of passing the CPRM Examination. The CPRM Examination Application Fee is non-refundable.
- Following the first year of CPRM certification, an annual renewal fee of \$240 is payable.

I acknowledge that I have read the [Certification Candidates Examination Guide](#) and accept the Terms and Conditions.

DECLARATION

- I declare that I have at all times and will in the future comply with the [RMIA Code of Ethics](#).
- I declare that I will comply with the annual requirement for 25 CPD (Continuing Professional Development) points.
- I acknowledge that the CPRM Examination is and remains the property of RMIA and declare that I will not copy or otherwise disclose the CPRM Examination to any third party.

Name:

Signature:

Date:

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APPLICANT'S DETAILS

Applicant full name:

Address:

Suburb

State

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Contact phone numbers:

SECTION 1: RELEVANT RISK MANAGEMENT EXPERIENCE

To determine if you meet the criteria of 5+ years' risk management experience across 5 of 6 RMIA Body of Knowledge Domains to sit for the Certified Practicing Risk Manager examination we require you to indicate or for each Domain Practice Statement.

If you are successful in passing the CPRM examination you may be subject to an audit to verify your risk management experience as indicated below.

Domain 1

PRACTICE STATEMENT NO.	DESCRIPTION	<input type="checkbox"/> OR <input type="checkbox"/>
PS1.1	Identification of external and internal risk stakeholders.	
PS1.2	Determine the relevance and influence of each stakeholder on the specific risk.	
PS1.3	Develop a Communication and Consultation Plan.	
PS1.4	Verify that all relevant stakeholders have been engaged in the risk management process.	
PS1.5	Confirm that a formal communication and consultation process has been established. The process involves all aspect of the risk management process, such as: <ul style="list-style-type: none">• Establishment of the context, selection of tools and evaluation criteria.• Involvement in the identification, analysis and evaluation of risks.• Communication and endorsement of treatment plans.	
PS1.6	Risk management processes consolidate risk information where appropriate from a variety of sources, taking into account sensitivity.	
PS1.7	Risk management performance is measured and reported to the board, senior management and other key stakeholders on risks (e.g. emerging, trending adversely to breach tolerance levels, status of treatment plans etc.).	

Domain 2

PS2.1	Collate information and review documentation of organisational objectives, initiatives, processes and standards for delivering services (internal or external) in relation to carrying out the risk process.	
PS2.2	Work within the legislative, regulatory, contractual and other critical/key obligations.	
PS2.3	Develop and document the risk evaluation criteria that are consistent with the organisation's risk management policy & framework.	
PS2.4	Assign ownership and responsibility for and within the risk management process.	
PS2.5	Develop and document a context statement in consultation with the key stakeholders	
PS2.6	Validate the key components of defining and establishing the context for the risk management process with the key stakeholders to ensure alignment with the risk management policy, risk management framework, risk criteria and organisational objectives.	
PS2.7	Conduct suitable education and awareness training for those who will be involved in establishing the "context" of the risk management process at an operational, project, process, and activity level.	

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PRACTICE STATEMENT NO.	DESCRIPTION	<input type="checkbox"/> OR <input checked="" type="checkbox"/>
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Domain 3

PS3.1	Collate information and review documentation of organisational objectives, initiatives and processes.	
PS3.2	Identify potential threats related to organisational objectives, initiatives and processes to assist in the identification of risks.	
PS3.3	Identification of risks whether or not their sources are external to the organisation (risks that are external may be more difficult to control).	
PS3.4	Develop risk scenarios to indicate the likelihood and consequences of a risk should it occur.	
PS3.5	Engagement of stakeholders in the risk identification process.	
PS3.6	Risk analysis from assessing consequences, likelihood and the risk rating, and the influencing factors that can affect these.	
PS3.7	Identify the existing controls and their effectiveness and efficiency.	
PS3.8	Assess the likelihood and consequence of risks.	
PS3.9	Risk evaluation comparing the level of risk with the risk criteria.	
PS3.10	Determine if proactive risk treatment is required.	
PS3.11	Validate risk appetite and tolerance with key stakeholders.	
PS3.12	Assign risk ownership.	
PS3.13	Develop a risk register.	
PS3.14	Conduct education and awareness training for all stakeholders.	

Domain 4

PS4.1	Demonstrate an understanding of the risk treatment cyclical process.	
PS4.2	Collate information about options available to treat risks with consideration to the risk appetite and it's organisational context.	
PS4.3	Identify potential risk treatment options with consideration to the priority of costs and benefits derived with regard to overall risk management effectiveness.	
PS4.4	The engagement of stakeholders in the selection of the appropriate risk treatment(s).	
PS4.5	Develop a risk treatment plan, which clearly identifies the priority order in which individual risk treatments are to be implemented.	
PS4.6	Assign the ownership of the Risk Treatment Plan.	
PS4.7	Identification of secondary risk(s) that may occur with the implementation of the Risk Treatment Plan.	
PS4.8	Monitoring Risk Treatments Plan and reporting the status of those plans (with reference to documented completion deadlines).	
PS4.9	Communicate with stakeholders of the nature and extent of the residual risk after risk treatment.	
PS4.10	Continue to monitor the residual risk and, where appropriate, further treatment with consideration to the organisation's risk appetite and its context.	

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PRACTICE STATEMENT NO.	DESCRIPTION	<input type="checkbox"/> OR <input checked="" type="checkbox"/>
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Domain 5

PS5.1	Collate information and review documentation for delivering of risk services (internal or external).	
PS5.2	Identify legislative, regulatory, technological, economic, contractual and other critical and key obligations at operational, project, process, and activity levels.	
PS5.3	Identify potential risks that may impact the process for establishing, defining, resourcing and applying an effective and applicable monitoring and review process	
PS5.4	Assign ownership and responsibility for the monitoring and review process within the areas of responsibility.	
PS5.5	Develop and document an approved monitoring and review process in consultation with the key stakeholders.	
PS5.6	Verify the effectiveness and efficiency of controls in both design and operation. This includes the application of Key Risk Indicators.	
PS5.7	Investigate risk events (e.g. incidents), emerging risks and communicate results to stakeholders.	
PS5.8	Identify changes in the external and internal context (environment), including changes to risk criteria and the risk itself, which may require revision of risk levels, treatments and priorities.	
PS5.9	Support the review process in achieving the required outcomes in providing assurance that the risk framework and risk processes are effective and still applicable.	

Domain 6

PS6.1	Collate information on organisational objectives, strategies, initiatives, processes, obligations and standards and have these aligned to the risk governance framework to optimise business activities.	
PS6.2	Develop a risk appetite approach and obtain senior management and Board approval.	
PS6.3	Determine the organisation's risk capacity for risk appetite allocation by risk types.	
PS6.4	Develop risk appetite statements and obtain senior management and Board approval.	
PS6.5	Facilitate the development of an integrated risk governance framework that reflects the organisation's business context (legislative, regulatory, and other key obligations), organisational structure and business strategies/goals.	
PS6.6	Develop, document and obtain senior management and Board approval for the risk governance framework.	
PS6.7	Develop, document and obtain senior management and Board approval for the risk management policies and strategies.	
PS6.8	Develop, document and obtain senior management and Board approval for the risk management reporting framework.	
PS6.9	Develop and document the risk management processes and tools that support the risk governance framework in consultation with the key stakeholders for their approval.	
PS6.10	Facilitate the embedding of the risk governance and risk framework into the organisational structure and processes	
PS6.11	Assign risk ownership, responsibility and accountability for and within the risk governance framework.	
PS6.12	Develop and facilitate appropriate education and awareness of the risk governance framework.	
PS6.13	Validate that the allocated risk resources and capabilities adequately support the organisation's risk governance framework.	
PS6.14	Implement techniques to give assurances to the board and management that the risk governance framework and associated policies and strategies reflect how risks are managed within risk tolerances as well as the organisation's risk capacity.	
PS6.15	Develop and gain approval for the Risk Management Plan and Strategies.	

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SECTION 2: APPLICANT ATTESTATION

I authorise RMIA to make whatever inquiries and investigations it deems necessary to verify information provided by me in this application. I understand that this application and any information or material received or generated by RMIA in connection with my certification will be kept confidential and will not be released unless I have authorised such release or such release is required by law.

I UNDERSTAND THAT THE DECISION AS TO WHETHER I QUALIFY FOR CERTIFICATION RESTS SOLELY AND EXCLUSIVELY WITH RMIA AND THAT THE DECISION OF RMIA IS FINAL. I HAVE READ AND UNDERSTAND THESE STATEMENTS AND AGREE TO BE LEGALLY BOUND BY THEM.

Name:

Signature:

Date:

For your application to be complete you must include your name, signature and the date above.

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SECTION 3: VERIFICATION OF WORK EXPERIENCE

Your application must be verified by a person or people who have acted as your supervisor or other similar position covering the requisite five year period in total.

Verifier 1

Name:

Professional title:

Company name:

Address:

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact phone numbers:

Email:

Attestation

The CPRM Examination Candidate requires a minimum of 5+ years’ risk management experience.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 I am attesting in a supervisory or other related position to the applicant and can verify his/her risk work experience (Section 1 of the application) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 I can attest to the fact that the applicant is competent in performing the tasks as checked in this application | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Is there any reason you believe this applicant should NOT be certified as a CPRM if the applicant successfully passes the CPRM examination? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 This attestation covers the applicant’s risk work experience for the period from/...../..... to/...../..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please note that RMIA may contact you to confirm your attestation of the applicant’s experience.

Verifier’s signature:

Date:

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Verifier - additional

Name:

Professional title:

Company name:

Address:

Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Contact phone numbers:

Email:

Attestation

The CPRM Examination Candidate requires a minimum of 5 years+ risk management experience.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1 I am attesting in a supervisory or other related position to the applicant and can verify his/her risk work experience (Section 1 of the application) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 I can attest to the fact that the applicant is competent in performing the tasks as checked in this application | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Is there any reason you believe this applicant should NOT be certified as a CPRM if the applicant successfully passes the CPRM examination? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 This attestation covers the applicant's risk work experience for the period from/...../..... to/...../..... | <input type="checkbox"/> | <input type="checkbox"/> |

Please note that RMIA may contact you to confirm your attestation of the applicant's experience.

Verifier's signature:

Date: