



Certified Reverse Mortgage Professional – Loan Originator (CRMP)

**CRMP EXAM APPLICATION**

**Before starting, please read the application in its entirety and be sure to reference the Candidate Handbook.**

*Please submit the Application Fee and signed and dated Application Consent Statement and Code of Ethics with this form.*

<i>For NRMLA Staff Use Only</i>	
Paid _____	
Cert. No. _____	Date _____

**Once your application has been approved, you will receive information on registering for the exam.**

**1. Contact Information** *(Please Type or Print)*

Name (Last) (Initial) <input type="checkbox"/> Mr. <input type="checkbox"/> Ms.	(First)	Social Security #	Date of Birth
		Last 4 digits:	
Preferred Mailing Address (Street) (Zip)		(City)	(State)
<input type="checkbox"/> Home: <input type="checkbox"/> Business:		Area Code/Telephone Number:	
Name of Employer:			
E-mail Address(es):			Daytime or Cell Phone Number





4. **Loan Originator License.** In which state are you actively originating loans? \_\_\_\_\_  
 Do you possess a current license in the state in which I work. Yes \_\_\_\_\_ NO \_\_\_\_\_ N/A\_\_.

If you answered Yes, complete the information below. If the state in which you work requires you to possess a current mortgage license, you must submit evidence that you have one in the form of a photo copy that bears your signature, the state you are licensed in, your license number and expiration date.

Mortgage License

Issuing Agency & State	Complete Address of Issuing Agency	License Number	Expiration Date of License

5. **Continuing Education Requirement.** Within one year prior to taking the examination, candidates must complete 12 hours of continuing education from NRMLA or such other providers as approved by NRMLA in areas related to reverse mortgage financing. For continuing education credits earned at NRMLA conferences, please attach a proof of earned credit. This can be obtained by contacting NRMLA staff directly. For continuing education credits earned through pre-approved, non-NRMLA course providers, please attach proof of attendance to this application and list the course details in the chart below. Use additional sheets as necessary. Note: You must have completed each course in its entirety. Partial attendance is not acceptable.

Title of CE Course	Organization Offering Course	Name of Instructor(s)	Date Course Offered	Date Course Completed

6. **ENCLOSE FEE:** The NON-REFUNDABLE application/testing fee of \$250.00 (in U.S. funds) must accompany the completed application. Use the credit card form on below, or send a check with the completed application and mail to the address on page 1. Make check payable to NRMLA.

**NOTE:** When an applicant is granted the CRMP, the fee for a three-year designation is \$450 if paid entirely upfront or \$175 per year if paid in annual installments. You will be notified by NRMLA regarding the procedures for being awarded certification if you are successful on the CRMP examination.

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*To charge your payment, please complete this form:*

I authorize the **NATIONAL REVERSE MORTGAGE LENDERS ASSOCIATION** to charge my

CRMP Application/Exam fee: \$250

Visa     MasterCard     American Express

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Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

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Cardholder's Name (please print)\*: \_\_\_\_\_

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Billing Address on card: \_\_\_\_\_

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Billing City \_\_\_\_\_ Billing State \_\_\_\_\_ Billing Zip \_\_\_\_\_

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Daytime Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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\*Is cardholder the applicant? If not, please print applicant's name here: \_\_\_\_\_

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Signature: \_\_\_\_\_

*For NRMLA Office Use Only*

Date: \_\_\_\_\_ By: \_\_\_\_\_

Amount: \_\_\_\_\_ Batch: \_\_\_\_\_

## **8. PLEASE READ AND SIGN THE CODE OF ETHICS BELOW.**

### **CODE OF ETHICS**

#### **Preamble and Applicability**

The Code of Ethics of the NRMLA Independent Certification Committee requires certificants to uphold the rules and requirements of Certified Reverse Mortgage Professionals that allow for the proper discharge of their responsibilities to those served, protect the integrity of the credential and safeguard the public's trust. Agreement to uphold and abide by the Code of Ethics is a requirement for earning and maintaining certification. Implicit in this agreement is an obligation not only to comply with the mandates and requirements of all applicable laws and regulations, but to act in an ethical manner in all professional services and activities. Certificants who fail to comply with the Code of Ethics are subject to disciplinary procedures which may result in sanctions. The Code of Ethics are not set forth to determine behaviors resulting in criminal or civil liability, nor are they intended to resolve matters of market competition.

#### **Compliance**

The NRMLA Independent Certification Committee requires adherence to the Code of Ethics by all certified individuals. Any individual may file a complaint against a certified individual and complaints shall be fully investigated and adjudicated by the Ethics and Discipline Committee of the Independent Certification Committee. The primary objective of the Ethics and Discipline Committee ("Committee") is to enforce the Code of Ethics in accordance with its policies and procedures. Responsibilities of the Committee include review of all complaints filed against certificants; conduct of investigations; disposition of complaints; and recommendation of sanctions if warranted. All complaints must allege a violation of the Code of Ethics and shall be investigated according to the rules and procedures of the Committee which allow for due process.

#### **Code of Ethics**

- Certified Reverse Mortgage Professionals shall adhere to Federal and state laws at all times.
- Certified Reverse Mortgage Professionals shall protect the confidentiality of client interactions and documents and shall not disclose personal financial information to any third party without prior written permission from the client, unless in response to exceptions under applicable law. Transactions shall remain confidential including after the professional relationship has ended.
- Certified Reverse Mortgage Professionals shall disclose to clients any third party with a financial interest in the reverse mortgage transaction.
- Certified Reverse Mortgage Professionals shall avoid compromise of professional judgment by conflicts of interest. Certified individuals shall disclose to the client all material information relevant to the professional relationship including conflict(s) of interest, business affiliation(s), compensation structure as required by law, and relationships with third parties.
- Certified Reverse Mortgage Professionals shall accurately represent their professional qualifications and shall only advise clients and provide services for which he/she is qualified.
- Certified Reverse Mortgage Professionals shall inform clients of all reverse mortgage programs for which he or she qualifies and shall assist the client in determining the program most suited to his or her needs.
- Certified Reverse Mortgage Professionals shall disclose the risks of transactions, conflicts(s) of interest and other relevant information necessary to make the transaction fair to the client.
- Certified Reverse Mortgage Professionals shall not intentionally mislead the client as to the interest rate or closing costs associated with the recommended mortgage transaction and shall avoid

misrepresentation or concealment of pertinent facts relating to the transaction, closing costs, fees, loan amount, loan program or interest rates.

- . Certified Reverse Mortgage Professionals shall derive compensation that is fair, reasonable and clearly disclosed. At the request of the client, the certified individual shall detail the compensation information related to the reverse mortgage transaction.
- . Certified Reverse Mortgage Professionals shall not engage in conduct involving dishonesty, fraud, deceit or misrepresentation, or knowingly make false or misleading statements to a client, employer, employee, professional colleague, government or other regulatory body or official, or any other person or entity.
- . Certified Reverse Mortgage Professionals shall act in a manner free of bias with regard to race, religion, ethnicity, gender, age, financial status, national origin or disability.
- . Certified Reverse Mortgage Professionals shall interact with clients in a manner that reflects positively on the reputation of the industry and the integrity of the credential.
- . Certified Reverse Mortgage Professionals shall demonstrate their commitment to maintaining the competency requirements of the credential through continued experience and education.
- . Certified Reverse Mortgage Professionals shall not bring or threaten to bring a disciplinary proceeding under this Code of Ethics, or make or threaten to make use of this Code of Ethics for not substantial purpose other than to harass, maliciously injure, embarrass and/or unfairly burden a certified individual.
- . Certified Reverse Mortgage Professionals shall acknowledge the certificate, logo and marks are the property of the NRMLA Independent Certification Committee and agree to return the certificate upon request to the Committee.
- . Certified Reverse Mortgage Professionals shall agree to use the logo, marks and other property of the NRMLA Independent Certification Committee in the manner authorized by the Committee.
- . Certified Reverse Mortgage Professionals shall agree to uphold and abide by the policies and procedures of the Independent Certification Committee, and shall cooperate in the conduct of all investigations relating to violations of this Code of Ethics.

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*Signature*

*Date*

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*Name (Please Print)*

**9. PLEASE READ AND SIGN THE CONSENT STATEMENT BELOW.**

**CONSENT STATEMENT**

I, \_\_\_\_\_ (*Print Full Name*), certify that all information contained in my application to the National Reverse Mortgage Lenders Association (NRMLA) for the Certified Reverse Mortgage Professional (CRMP) examination is true and accurate to the best of my knowledge. Further, I agree to notify NRMLA promptly of any change in name, address, or contact information, or in the event of any occurrence bearing upon my eligibility for certification including, but not limited to, any criminal conviction or disciplinary action by a licensing board or professional organization.

I hereby authorize NRMLA Staff and Certification Committee and its agents to review my application, to contact employers listed on my application, and to determine my eligibility for the CRMP examination. I agree to cooperate promptly and fully in this review, including submitting any documents or information deemed necessary to confirm the information in my application, and authorizing the above designated parties to communicate with individuals they deem appropriate to determine the outcome of my application.

I have read and I understand the instructions and policies related to the application and examination process, and I agree to abide by their terms. If any statement made on my application or hereafter supplied to NRMLA is false or inaccurate, or if I violate any other rules or regulations of NRMLA, I acknowledge and agree that the penalties for doing so include, but are not limited to: denial of certification, or suspension of, revocation of, or the placement of limitations upon, my certification (if already granted).

I agree to indemnify and hold harmless the above-designated parties for any action taken pursuant to the rules and standards of NRMLA with regard to this application, the CRMP examinations I take, and/or my certification, except claims based upon gross negligence or lack of good faith by CRMP.

**Should my application be accepted and I am allowed to sit for the CRMP examination:**

I understand that NRMLA and/or its testing agents reserve the right to refuse my admission to test if I do not have the proper photo identification, or if I do not report at the appropriate time. If I am refused admission for any of these reasons or if I fail to appear at the test site as scheduled, I will not receive a refund of the examination fee and there will be no credit transferred to future examinations. I recognize that the proctor(s) at my assigned test site are required to maintain proper and secure test administration conditions and I will follow their instructions. I will not attempt to communicate in any way with other examinees or any outside parties during the examination. I will not bring any outside materials into the testing site, including reference materials, notes, photographic or communication devices, or calculators with user-programmable memory capacity.

**Confidentiality/Nondisclosure Agreement:**

I understand that the content of all CRMP certification examinations is copyrighted and is the property of the NRMLA Certification Committee. Exam materials will be provided to me for the sole purpose of testing my knowledge and skills in reverse mortgages, and I am prohibited from using or possessing CRMP examination content for any other purpose or at any other time. I agree not to disclose, publish, copy, reproduce, transmit, or distribute exam content, in whole or in part, in any form or by any means, for any purpose, without express prior written authorization from the NRMLA Certification Committee. Any unauthorized possession, disclosure, publication, copying, reproduction, transmission, or distribution of CRMP exam content or materials in any form is a crime and may subject me to civil liability and/or criminal prosecution. I understand that I am prohibited from consulting study aids of any type during a testing session; copying from notes or from another examinee during a testing session; speaking or otherwise communicating with others during a testing session; copying, photographing, transcribing, or otherwise reproducing test materials; removing test materials from the examination room; aiding other examinees or receiving aid from anyone else; or having improper access to CRMP examination content prior to the examination administration. Engaging in such misconduct may

disqualify me from all future CRMP exams and from ever being certified by the NRMLA Certification Committee.

**Should I be granted the CRMP certification:**

I agree that NRMLA may release my name and the fact that I have been granted certification. I agree further that NRMLA may include my name and contact information in a listing of certified individuals available to the public in print and/or electronic format. I understand and agree that it will be my responsibility to maintain my status by complying with all certification and recertification requirements and procedures.

**I understand that signing this Agreement does not mean that I am certified by the NRMLA Certification Committee. I understand that I am not authorized to use any CRMP certification designation unless and until I am notified by NRMLA that I have met all the requirements for certification. I understand that meeting all requirements for certification includes signing and submitting the Code of Ethics, and paying a certification fee of \$250.**

**I, the undersigned, have read, understand, and agree to abide by the statements above.**

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*Signature*

*Date*

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*Name (Please Print)*

## ADA ACCOMMODATION REQUEST FORM

If you have a disability covered by the Americans with Disabilities Act of 1990 (ADA) and would like to request an accommodation in testing, please complete Section 1 below and have an appropriate professional (educator, doctor, psychologist, psychiatrist) with current knowledge of your disability complete Section 2 below to certify that your disability requires the requested test accommodation.

As provided in Section 3 below, please also have this professional attach a letter detailing the specific nature of your disability as it relates to the request and the reasons for requesting the original signature. If you have existing documentation of having the same or similar accommodation provided to you in another testing situation, you may submit such documentation as compliance with the requirements in Section 3.

This form must be completed in its entirety in order for your request to be processed. Please submit this request within 45 business days of the date you wish to test.

Section 1 (To be completed by Applicant)  
Please type or print clearly

Name \_\_\_\_\_

Social Security Number (last 4 digits) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Disability \_\_\_\_\_

ADA Accommodation(s) Requested \_\_\_\_\_

By signing below, I attest that the information I have provided on this application is accurate, true and correct to the best of my knowledge. I agree to and authorize the release of the information requested to NRMLA for use in determining eligibility for the requested accommodation in testing. If the information provided is not sufficient to evaluate the request, I authorize NRMLA to request additional information from the professional who completes the documents on my behalf. In addition, I authorize that professional to provide additional information if necessary to evaluate the appropriateness of my requested accommodation in testing. I understand NRMLA reserves the right to verify any and all information in my application, this request, or in connect with my certification. I understand and agree that failure to provide accurate, true and correct information shall constitute grounds for rejection of my application, request for this accommodation in testing, or denial or revocation of my certification.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Section 2 (To be Completed by Appropriate Professional)  
Please Type or Print Clearly

I have known \_\_\_\_\_ since \_\_\_\_\_  
(full name of candidates) (date)

In my role as a \_\_\_\_\_  
(professional title)

The candidate has discussed with me the nature of the certification examination to be administered. It is my opinion that because of this candidate's disability as detailed on the attached letter, he/she should be accommodated by providing the following: (please check all that apply)

- Reader
- Scribe
- Extended time
  - Time-and-a-half
  - Double time
  - More than double time (please justify)
- Separate testing area
- Use of computer or other adaptive equipment  
(please specify) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_

License# & State \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Section 3 (To be completed by Appropriate Professional)

Please attach a letter detailing the specific nature of the candidate's disability as it relates to the request and the reasons for requesting the accommodation. The letter must be written on your professional letterhead and must have an original signature. This letter may not be dated longer than 5 years prior to this application.

Please mail all materials to:

National Reverse Mortgage Lenders Association (NRMLA)  
1400 16<sup>th</sup> Street, NW  
Suite 420  
Washington, DC 20036  
Ph: 202-939-1760

**Note:** NRMLA does not accept applications and/or requests for accommodations by fax or e-mail.