

Certified Subrogation
Recovery Professional®

CSRP

Certified Subrogation Recovery Professional (CSRP)® Matriculation Matriculation Application

All CSRP candidates must meet three requirements:

1. Agree to be bound by the Code of Professional Ethics of Certified Subrogation Recovery Professionals.
The Canons of the Code are printed below.
2. Meet the insurance industry and subrogation specific experience requirements.
A CSRP candidate must have five years of experience working for an insurance, recovery or self-insured company or, in the case of subrogation service providers, serving the needs of insurance companies. Of the five years experience, three years must be devoted primarily to subrogation related work.
3. Pass the CSRP Examination.

Canons of the code of professional ethics of certified subrogation recovery professionals:

Canon 1

As a CSRP, I recognize the significant role that subrogation and recovery play in imposing liability on responsible parties and I will strive to maintain the integrity of the industry and my profession, appreciating the obligation I have to meet the needs of the general public.

Canon 2

As a CSRP, I will continually seek to improve my professional knowledge and skills and stay current on those things that affect my ability to perform competently.

Canon 3

As a CSRP, I will obey all laws and regulations that apply to my industry and avoid any conduct that would or would appear to put my personal gain above the needs of those I serve.

Canon 4

As a CSRP, I am committed to improving the mechanism of subrogation and recovery and the concept of indemnification. I will perform the duties of my occupation recognizing the key role it plays in the insurance industry.

Canon 5

As a CSRP, I will behave in a professional and ethical manner at all times.

Canon 6

As a CSRP, I will interact with other members of the insurance industry ethically and honestly.

Canon 7

As a CSRP, I will honor the Certified Subrogation Recovery Professional (CSRP) designation, display it appropriately, and not use the designation to misrepresent myself or others.

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PART A: CANDIDATE IDENTIFICATION (Please type or print clearly.)

Full Legal Name (Last Name, Jr., III, etc., First Name, Middle Initial)

Title

Company

Company Address, City, State, Zip Code (NO P.O. Boxes)

Social Security Number

Date of Birth (Month, Day, Year)

Email Address

Business Phone

Ext.

Home

PART B: EXPERIENCE

On a separate sheet, provide detailed evidence showing 5 years of insurance industry experience. In addition, show that 3 of the 5 years were devoted primarily to subrogation. Qualifying experience must contain a detailed job description outlining subrogation responsibilities.

Example:

Begin Date/End Date

Company

Detailed Job Description Including Subrogation Duties

PART C: REFERENCES (Please attach additional pages, if necessary.)

Please provide the names, address and phone numbers of three people within the insurance industry that have known you for five years or longer.

Name

Address

Phone No.



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PART D: DECLARATIONS

1. Have you ever been requested to appear before any judiciary, disciplinary or inquiry body or official (e.g., court, public official, business or professional organization) as a result of your professional conduct related to the insurance industry, the practice of a professional licensee (e.g., attorney, engineer, insurance producer) or work performed as a subrogation service provider?
Yes No
2. Have you ever been requested to appear before any judiciary, disciplinary or inquiry body or official (e.g., court, public official) for reasons OTHER THAN your professional conduct related to the insurance industry, the practice of a professional licensee (e.g., attorney, engineer, insurance producer) or work performed as a subrogation service provider?
Yes No
3. Has any professional license or designation you have ever held been revoked, suspended or withdrawn at any time by any regulatory or designation granting authority?
Yes No
4. Has any license, authority or designation held by any person or partnership that you have been affiliated with been revoked, suspended or withdrawn by any regulatory or designation granting authority?
Yes No
5. Have you ever been requested to discontinue, or have you been disciplined for, a business practice by any judicial body or regulatory authority?
Yes No
6. Do you agree to be bound by the Code of Professional Ethics of Certified Subrogation Recovery Professionals?
Yes No

(A Yes answer on questions 1 – 5 requires a full written explanation. Please attach explanatory pages to this Matriculation Application.)

PART E: AGREEMENTS

1. I agree to allow the National Association of Subrogation Professionals (NASP) to reveal to others that I have applied for matriculation into the CSRP Program for purposes of checking my qualifications.
2. I agree that NASP may decline my application for matriculation for reasons that NASP, in its sole determination, deems proper.
3. Upon request from NASP at any time prior to receiving the CSRP designation, I will update my application for matriculation.
4. I certify that all of the statements and information provided by me in this application for matriculation are true and correct to the best of my knowledge.

Signature of Applicant

Date



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PAYMENT INFORMATION

Please enclose payment made payable to NASP. Member Matriculation \$750 / Non Member Matriculation \$1,350

Check (payable to NASP) MasterCard Visa American Express Discover

Card No.

Exp. Date

CVC

Cardholder's Name

Cardholder's Signature

How did you hear about the CSRP Exam?

National Association of Subrogation Professionals (NASP)

CSRP Program / Three Robinson Plaza, Suite 130 / 6600 Steubenville Pike / Pittsburgh, PA 15205

Toll Free: 800.574.9961 / Direct: 412.706.8000 / Fax: 412.706.7164 / www.subrogation.org

