The Houston Chapter of the Risk and Insurance Management Society, Inc. (RIMS) will be sponsoring an ARM 56 class this Spring. This course is part of a three semester specialty program leading to the Associate in Risk Management (ARM) Designation. The course is open to the general public, including all risk management, insurance and safety professionals.

ARM 56 – RISK FINANCE

CLASS LOCATION: Bowen, Miclette & Britt
1111 North Loop West, Suite 400, Houston, Texas 77008

CLASS START DATE: Tuesday Evenings–Starting January 19, 2016 5:30 P.M. – 7:30 P.M. (Ends April 26, 2016)

COURSE LEADER: Jim Drew, ARM, CIC
Office Phone: (713) 880-7172
E-mail: jdrew@bmb-inc.com

EXAM DATES: April-June testing window at Sylvan Testing Centers by appointment
https://www.theinstitutes.org/guide/find-exam.

COURSE DESCRIPTION: Students will learn about the nature, purposes and steps in risk management; identify and analyze the loss exposures of individuals and organizations; and develop and apply decision rules for choosing risk management techniques in specific situations.

TUITION POLICY

The tuition per course, which does NOT include the exam fee or books, is $110 for RIMS Deputy Members and $135 for all others (including Associates of the Society). In the event the student cannot attend the class, tuition will be refunded until the first night of class. After the first class has been held, the student will receive a CREDIT toward any of the ARM classes that may be held during the two semesters (12 months) following the class for which tuition was already paid.

GRANTS:

Grants are available to those Deputy Members who wish to take an ARM course but are unable to due to financial hardship. Candidates must apply through the Education Director (Sondra Faul), provide a letter from their employer that the course is non-reimbursable, and write a one-page letter indicating why they feel they are deserving of the grant. Recipients of the grants will be notified prior to the second meeting night of class. The deadline for submitting this information is January 18, 2016.

CONTINUING EDUCATION (C.E.) CREDIT INFORMATION:
The Texas Department of Insurance has approved this classroom course for 15 C.E. Credit hours. Students must attend at least 90% of the classes in order to qualify. The Insurance Institute of America/CPCU has also received approval for 15 C.E. hours for students who successfully pass the ARM exam. Students must choose either the class instruction credits or the exam credits. They may not choose both.

**ORDERING BOOKS AND REGISTERING FOR THE EXAM:**

Books may be ordered through the Insurance Institute at (800) 644-2101. The cost for books is approximately $200. You may register for the exam at the same time you order your books. The cost for the exam is $190 (for early registration). Please refer to the current AICPCU/IIA Key Information Guide for confirmation of test related fees and deadlines. You can request a catalog from the Insurance Institute via the web at [http://www.theinstitutes.org/](http://www.theinstitutes.org/) via e-mail at customerservice@TheInstitutes.org or via phone at (800) 644-2101.

**PAYMENT INFORMATION:**

Make checks payable to: Houston Chapter of RIMS
To pay by credit card: Complete the credit card portion of the enrollment form

Please mail your check or credit card information and the class enrollment form to:

Sondra Faul  
Claims and Insurance Analyst  
The University of Texas Health Science Center of Houston  
P.O. Box 20036  
OCB 1.330  
Houston, Texas 77225  
Phone: 713-500-8127  
E-mail: Sondra.K.Faul@uth.tmc.edu

**If paying by credit card instead of mailing the forms to the above address, you can fax the enrollment form and CC information to Sondra Faul, 713-500-8111.**

Forms should be completed and returned no later than **January 18, 2016**. Please call Sondra Faul or Jim Drew for additional details concerning the class.
ARM 56 CLASS ENROLLMENT FORM
(Complete and make a copy to send in for registration.)

Course: ARM 56 Risk Finance

Name: ___________________________  Social Security No. ___________________________

Company: _________________________  Title: _____________________________

Mailing Address: ________________________________________________________________

Phone (office): ______________________  Phone (home): _________________________

Fax No.: ___________________________  E-mail: ________________________________

Amount Enclosed: $ _______________  RIMS Deputy Member: YES ______  NO_____

Is CE credit needed: ___________________________  CE License #: __________________________

_________________________________________________________________________________

IMPORTANT: ARM courses presume three years of broad-based industry experience or INS21.

Paying by Check $110 for RIMS Professional Members
Paying by Credit Card $135 for all others including Associates

Credit Card Authorization Form for Houston Chapter of RIMS (ARM Class)
All Information will remain confidential.

Cardholder Name ________________________________________________________________
Billing Address ________________________________________________________________

Credit Card Type: __ VISA ______  __ MasterCard ______  __ Discover ______
Credit Card Number: __________________________________________________________________
Expiration Date: __________________________________________________________________
Amount to Charge: __________________________________________________________________

I authorize RIMS Houston Chapter to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:
Signed: ________________________________________________________________________
Dated: ________________________________________________________________________
Name: ________________________________________________________________________
Email Address: __________________________________________________________________
Telephone Number: __________________________________________________________________

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