



GRI DESIGNATION COMPLETION FORM



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EMAIL COMPLETED FORM TO:

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Along with a digital headshot

Please allow up to four weeks
for application processing

**YOUR APPLICATION WILL BE PROCESSED WITHIN FOUR WEEKS OF SUBMISSION.
YOUR PIN AND CERTIFICATE WILL BE MAILED TO YOUR LOCAL BAORD.**

NAME _____ PHONE NUMBER _____
EMAIL ADDRESS _____
NRDS NUMBER _____ LICENSE NUMBER _____
LOCAL BOARD _____ CITY _____

REQUIREMENTS COMPLETED:

GRI 101 _____	GRI 102 _____
GRI 201 _____	GRI 202 _____
ELECTIVE #1 _____	DATE _____
ELECTIVE #2 _____	DATE _____
ELECTIVE #3 _____	DATE _____
ELECTIVE #4 _____	DATE _____

TELL US ABOUT YOUR EXPERIENCE WITH THE GRI PROGRAM
