



CCAM

(Certified Community Association Manager)

Certification Application

REQUIREMENTS FOR CCAM CERTIFICATION

1. Complete and pass the three required courses (A, B & C noted below).
2. Email a completed CCAM certification application including certification fee to certification@cacm.org.
 - *Though you may become a member and begin the certification process without having HOA industry experience by completing the three required certification courses; 6 months of community management industry experience is required in order to submit the [CCAM certification application](#).*
 - *It does not matter what order you take the three required courses and each course is valid for three years.*
 - *BAM & CA Law may be taken two ways; 1.) Two day live course in a classroom setting or 2.) Via "Challenge" (online).*
 - *Ethics for Community Managers CMM130 is NOT offered via "Challenge" this 4 hour live course.*
 - *Education credits earned through an organization other than CACM do not transfer over to a CCAM certification; this includes all outside Ethics and law related courses.*
- A. **CMM101-CMM102 The Basics of Association Management (BAM) Series**; This represents 16 hours of general community management education designed to give you a comprehensive overview of the industry and role of a community manager. *Passing two online exams is required (one for BAM I & one for BAM II).*
- B. **CMM121-CMM124 California Law Series**; This represents 16 hours of instruction on the laws you must know and apply when managing or servicing community associations. Module topics include: Principles of California Law, Financial Management, Community Management, and Meetings and Records. *Passing four online exams is required (one for each; CA Law module I, II, III & IV).*
- C. **CMM130 Ethics for Community Managers**; During this four-hour live course, you will explore a variety of scenarios that demonstrate the official rules of conduct for community managers, including a review of CACM's Code of Professional Ethics and Standards of Practice. *You may NOT substitute CMM230 Ethics for Recertification (online) or LDR500 Advanced Ethics (live). Passing one online exam is required for CMM130 Ethics for Community Managers.*

PROCESS TO BECOME CERTIFIED

1. If you have not yet become a member; please complete the CACM Manager Member Application (\$235) and email it to membership@cacm.org for processing. Once complete you will receive a new membership email confirmation, then you may register for courses at member rate.
2. Register online for your three required certification courses.
3. Read the CACM Code of Professional Ethics and Standards of Practice in its entirety. The COE may be found on www.cacm.org or you may request it at certification@cacm.org.
4. Email your complete, signed CCAM certification application (\$180) to certification@cacm.org.
5. Employer Verification section of the CCAM certification application must be completed and signed by your employer.
6. Pass all required online exams for each certification course.

NOTIFICATION OF CCAM CERTIFICATION STATUS

Once courses are passed and certification application including \$180 fee is received, you will receive an official email notification congratulating you on earning your CCAM. Once you receive this, you may add the CCAM designation after your name in signature blocks and on business cards. In addition, you will receive a CCAM certificate within approximately 14 business days.

RECERTIFICATION

Your CCAM certification is valid for three years, which means you will have three years from the date you were officially certified by CACM to complete a total of 30 CEUs; including one CACM Law Seminar & Expo (8 CEUs) and one CACM Ethics course (4 CEUs) You may take either CMM130 live Ethics for Community Managers again or CMM230 Ethics online – however; you may NOT yet take LDR500 Advanced Ethics until you have **RE**-certified at least once.

Annual Membership and Certification fees are due each January 1 and BOTH are required in order to maintain your CCAM certification. Suspension of membership and certification may take effect if; 1.) fees are not paid by deadline 2.) CEUs including required courses/events are not completed by deadline 3.) Recertification application is not received within 30 days of deadline.



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Applicant First Name	Applicant Middle Initial	Applicant Last Name
Applicant Nickname/Salutation <i>(if applicable)</i>		Applicant Title
Have you ever held CACM membership under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, under what name?</i> _____		
REQUIRED (not for publication)		
Residence Address _____ Residence City _____ State _____ Zip Code _____		
Personal Phone/Cell # _____ Personal Email Address: _____		
Check <u>all</u> professional designations, licenses & degrees that you possess: <input type="checkbox"/> CPM <input type="checkbox"/> PCAM <input type="checkbox"/> Real Estate License <input type="checkbox"/> RE Broker License <input type="checkbox"/> Esq. <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> BA/BS <input type="checkbox"/> MBA <input type="checkbox"/> PhD <input type="checkbox"/> Other <i>Please specify</i> _____		
Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates of Current Employment From _____ To: _____
Have you been employed within Association Management for at least six (6) months? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this a paid position? <input type="checkbox"/> Yes <input type="checkbox"/> No
Business or Association Name _____		Business Phone # _____ Extension# _____
Business Address _____		Business Website _____
Business City _____ State _____ Zip Code _____		Business Email: _____
Are you the Owner/CEO/President/Sole Proprietor of the Business? <input type="checkbox"/> Yes <input type="checkbox"/> No If you checked Yes, please check <input type="checkbox"/> N/A		
If you checked No, please complete contact information below (contact noted <u>must</u> be able to complete the employer verification on page three);		
Supervisor Name _____ Title _____ Email Address: _____		
Number of Employees Reporting to You <input type="checkbox"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21 or More		
Manager Type <input type="checkbox"/> High Rise <input type="checkbox"/> Large Scale <input type="checkbox"/> Age-Restricted Active Adult <input type="checkbox"/> Portfolio <input type="checkbox"/> New Development <input type="checkbox"/> Commercial		
If you are NOT presently employed within community association management please complete this section:		
Name of Previous Employer		
Previous Employer Address		
Previous Employer Email Address		
Previous Employer Phone #		
Dates of Previous Employment From _____ To _____		
Are you seeking full-time employment in community association management? <input type="checkbox"/> Yes <input type="checkbox"/> No		



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Association(s) for which you presently provide management		Total # of Units	Length of Time Managed by You	
	Condominium		Years	Mos.
	PUD(s)		Years	Mos.
	Co-Op/Community/Apt(s) etc.		Years	Mos.
	Single Family Homes/HOA		Years	Mos.

Indicate your function(s) & % of time spent: Assoc. Mgmt. ____% Supervisor of Assoc. Mgrs. ____%
 Other ____% describe _____

Have you worked for a CCAM, CAFM, MCAM or CAMEX? Yes No If yes, please state name: _____

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in reorganization for the benefit of creditors or in bankruptcy proceedings as a debtor? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been involved in either civil or criminal legal proceedings as a defendant in which there were allegations of fraud, misrepresentation, or misappropriation of funds or property? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been refused bonding, fidelity or crime insurance, or had any such coverage canceled? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been subject to disciplinary action by CACM or any other professional association? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever had a professional license suspended or revoked or otherwise been subject to disciplinary action by any licensing agency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you ever been convicted of or pled no contest to a felony? |

If you answered "yes" to any of the questions directly above, please complete a detailed explanation below and answer the following questions:

Was this a Business issue? Yes No If yes, did this pertain specifically to Association management? Yes No

Was this a Personal issue? Yes No If yes, please note date here: _____

Explanation: _____

Certification requires you perform a **minimum of 7** of the following functions. For every function you perform please indicate % of time spent performing this function. **The percentages must add up to 100%.**

Budget preparation and management/administration of association financial affairs	_____%
Contract negotiation and administration	_____%
Provide guidance/assistance to boards of directors regarding the interpretation of governing documents, codes & parameters related to financial activities & affairs of the association	_____%
Supervision of association employees and staff members	_____%
Management of association maintenance programs	_____%
Management/administration of association rules, regulations and architectural standards	_____%
Management/supervision of association recreational programs	_____%
Primary responsibility for homeowner/resident/tenant communications and acting as liaison	_____%
Risk management of association properties, activities and business affairs	_____%
Primary responsibility for implementation of association policies	_____%
Total:	100%



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APPLICANT SIGNATURE SECTION

This application is submitted to CACM with the understanding that:

- The information provided will be used to assist CACM in reviewing the applicant's eligibility for Certified Community Association Manager status.
- Additional information that may be required by CACM shall be supplied promptly upon request.
- The information provided is complete and correct to the best of the applicant's knowledge.
- The information will be considered confidential, except as may be required to process and approve the application.
- There are no actions charged against the applicant or challenges to the applicant's responsibility, character or integrity.
- Any information or comment furnished to CACM by any person or response to an invitation to provide information shall be conclusive, deemed to be privileged, and not form the basis of any action by the applicant for slander, libel or defamation of character. CACM reserves the right to document all information contained herein.
- The applicant agrees to waive any and all claims against CACM, its officers, directors, employees, agents, attorneys and members arising out of any act or omission in connection with the consideration, rejection or acceptance of this application, or any act or omission by CACM in disappointing the applicant if the application is not approved, including any suspension or expulsion of the applicant as a CCAM program applicant.
- The applicant wholeheartedly subscribes to the official CACM Code of Professional Ethics and Standards of Practice.
- The applicant understands his/her responsibility to provide CACM with current place of business and any subsequent changes.
- The applicant understands and agrees to permit the Professional Standards Committee to review this application and any attachments or subsequent information submitted or obtained related to the application and investigate any portions as it may deem necessary.
- The applicant understands that if his/her membership or certification is terminated as a result of a disciplinary action by the Professional Standards Committee, he/she will not be eligible to reinstate or reapply for either.

In addition to the foregoing, each applicant shall have the duty and the responsibility to arbitrate controversies arising out of management contracts and the community association management business with any and all forms of associations as specified in the CACM Code of Professional Ethics and Standards of Practice.

By my signature below:

- I verify that all information on this application is accurate; I acknowledge that I have read the rules and regulations stated above and authorize CACM and/or its agents to verify all items listed.
- I have read through the complete Code of Professional Ethics and Standards of Practice of the California Association of Community Managers, will abide by its code, which may be duly amended from time to time; and will be subject to procedures for compliance and/or disciplinary action.

Applicant Signature _____ Applicant Printed Name _____ Date _____

EMPLOYER VERIFICATION SECTION

This section is to be completed by the applicant's employer only.

Please check ONE box that describes your relationship to Applicant

- I am a **Present** Employer of Applicant I am a **PAST** Employer of Applicant

If you are the owner/sole proprietor of your own company/association please check this box and do not complete next three questions below

Time Associated with Applicant under 1 year 1-4 years 4-6 years 6-8 years 8 or more years

I can verify that this applicant has at least 6 months of experience within the community association management industry No Yes

I recommend this Applicant for CCAM certification No, I do not Yes, I do

By my signature below: I verify that all information provided within this application is valid and accurate.

Employer Signature _____ Employer Printed Name _____

Title _____ Email _____ Company Name _____ Date _____



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Application & Maintenance Fees

	<input type="checkbox"/> Member	<input type="checkbox"/> Non-Member
Certification Application Fee	\$75	\$175
Certification Maintenance Fee	\$105	\$500
Total due:	\$180	\$675

Applicant First Name	Applicant Middle Initial	Applicant Last Name
Applicant Business or Association Name		
Business Address		
Business City	Business State	Zip Code
Business Phone #		Business Email:
Total Amount Due:	<input type="checkbox"/> \$180 <input type="checkbox"/> Other _____	

<input type="checkbox"/> Check Enclosed (do not staple check to form)			
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card Number:		Expiration Date:	
CVV Number:		Billing Zip Code:	
Cardholder Name:			
Signature (required):			
<input type="checkbox"/> Please email a receipt to:			