



High Rise Community Management Specialty Certificate

Application Process

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In order to be awarded a specialty certificate in High Rise Community Management, the applicant must:

1. Currently hold the CCAM designation and have held it in good standing for a minimum of two years.
2. Successfully complete the following required courses and application within a 36-month period.
 - SPC400 High Rise Community Management
 - LDR400 Human Resource Management
 - INS400 Risk Management
3. Complete and submit the attached application with a one-time application processing fee of \$75. The applicant will be sent a confirmation of receipt along with guidelines and due date for the written narrative assessment within two weeks.
4. Successfully complete and submit the required written narrative assessment by the due date provided by CACM in the confirmation of receipt. The application is voided if the essay is not received by the due date specified. Certified mail or other mail service that provides a delivery receipt is recommended.
5. Applicants will be notified in writing within 45 days of a pass/fail status of the written narrative, with substandard criteria elements noted (for narratives that did not receive a passing score).
6. Applicants have one opportunity to rewrite the narrative and resubmit it within 30 days of the fail notice. If the narrative receives a fail status a second time, the applicant will not be awarded the certificate.
 - a. Applicants have one opportunity to re-apply to begin the written narrative process again with a new scenario. If a passing narrative is still not achieved for the new scenario within two attempts the applicant will not be awarded the certificate and no further provisions will be made to the applicant.
7. Applicants who receive a pass status on their submitted narrative will receive a Specialty Certificate within 30 days and may begin using the Specialty Designation, CCAM-HR, on signature lines and business cards immediately.
8. A Specialty Certificate is permanent and nonrenewable. It is not subject to continuing education requirements or maintenance fees; however, the Specialty Designation may be used ONLY in conjunction with a current CCAM or MCAM designation.

Mail or Email Application and Fee Registration Form to:

California Association of Community Managers (CACM)

Attn: Certification

certification@cacm.org

California Association of Community Managers, Inc.SM

23461 South Pointe Drive, Suite 200, Laguna Hills, CA 92653 | certification@cacm.org | 949.916.2226 | www.cacm.org



High Rise Community Management Specialty Certificate Application

FOR CACM USE ONLY	
Application Approved By _____	
Date Received _____	Date Approved _____

IMPORTANT:
Please submit this application along with application processing fee.

Applicant First Name	Middle Initial	Last Name
Have you ever held membership in CACM under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, under what name?
Firm or Association Name	Email Address	
Title	Employment period: from _____	to _____
Name of Immediate Supervisor	Supervisor Title	Supervisor Email Address
Business Address	City/State/Zip Code	Business Telephone
List your date of completion for the following courses:		
SPC400 High Rise Community Management _____	LDR400 Human Resource Management _____	INS400 Risk Management _____

PLEASE READ AND ACKNOWLEDGE BY SIGNING BELOW

This application is submitted to CACM with the understanding that:

1. The applicant is currently a CCAM and has held that designation for at least two years.
2. The information provided is complete and correct to the best of the applicant's knowledge.
3. There are no actions charged against the applicant or challenges to the applicant's responsibility, character or integrity.
4. The applicant understands and agrees to permit the Educational Review Committee to review and assess the applicant's anonymous written narrative and that the written narrative becomes part of the applicant's permanent file, not to be returned to the applicant.
5. In order to maintain the reliability of the assessment, the applicant agrees to keep the assessment scenarios and written narrative confidential and that any breach thereof may result in an ethical complaint brought against the applicant to the Professional Standards Committee, which could lead to the loss of the applicant's CCAM designation, censure or both.
6. Should the applicant fail the written narrative requirement of this application, the applicant will be notified of the area(s) in which the narrative was deemed substandard and have one opportunity to resubmit the written narrative within 30 days. Should the written narrative fail to meet the required criteria again, the applicant will not be awarded the certificate.
 - a. Applicants have one opportunity to re-apply to begin the written narrative process again with a new scenario. If a passing narrative is still not achieved for the new scenario within two attempts the applicant will not be awarded the certificate and no further provisions will be made to the applicant.
7. 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.
8. The applicant wholeheartedly subscribes to the official CACM Code of Professional Ethics and Standards of Practice.
9. The applicant understands that the certificate, once awarded, is permanent and nonrenewable; however, the specialty designation may be used ONLY in conjunction with a current CCAM or MCAM designation.
10. The applicant understands the specialty certificate is not a designation, but an emphasis in a specific area of practice as a community manager.
11. The applicant is employed or seeking employment as a community manager.

Signature _____ Date _____
Signature of applicant verifies the accuracy of this application and acknowledges the applicant has read the rules and regulations stated above and authorizes CACM and/or its agents to verify all items listed above.

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Fee Registration Form

Specialty Certificate Application Fee: \$75

Applicant First Name	Middle Initial	Last Name
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Firm or Association Name	Email Address
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Business Address	City/State/Zip Code
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Business Telephone

Check Enclosed (do not staple check to form)

Visa MasterCard Discover Amex

Card Number	Expiration
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Billing Zipcode

Cardholder Name

Signature (required)

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Written Narrative Assessment Procedure

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Directions:

1. A choice of scenarios will be mailed to you upon acceptance of your application.
2. Choose one scenario to respond to.
3. Construct a 300-750 word comprehensive written narrative response.
4. Type on white paper, double spaced, Arial font, 11 pt. Do not put your name on your paper, so that it may be objectively assessed. Type the scenario number you are responding to at the top.
5. Attach your written narrative to the cover sheet provided for submission.
6. Submit written narrative by the due date assigned.
7. Notification of pass/fail will be sent to the applicant within 45 days of receipt.
8. Applicants agree to keep assessment scenarios and their written narrative confidential.

Assessment Criteria:

Content:

- Claims and ideas are supported and elaborated on with references to each of the required certificate courses.
- Information and evidence are accurate, appropriate, and integrated effectively.

Thinking:

- Connections between and among ideas are made.
- Analysis/synthesis/evaluation/interpretation is effective and consistent.
- Independent thinking is evident.

Presentation:

- Organization is purposeful, effective, and appropriate.
- Sentence form and word choice are varied and appropriate.
- Punctuation, grammar, spelling, and mechanics are appropriate.

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