



Community Association Financial Manager (CAFM) Application Form INSTRUCTION PAGE

REQUIREMENTS FOR CERTIFICATION

1. If you have not yet become a CACM Member, please complete the [Individual Member Application](#) and send to membership@cacm.org. Once processed, you will receive a new membership confirmation, then you may register for courses at Member rates.
2. Complete and pass the six (6) required courses:
 - [The Basics of Association Management \(BAM\) Series \(CMM101-CMM102\)](#): This represents 16 hours of general community management education designed to give you a comprehensive overview and roles in the Passing each BAM module exam is required (BAM Module I & II).
 - [California Law Series \(CMM122\) \[Module I Only\]](#): This represents 4 hours of instruction on the laws you must know and apply when servicing community associations. Passing one online exam is required for CMM122.
 - [Ethics for Community Managers \(CMM130\)](#): During this 4-hour course, you will explore a variety of scenarios that demonstrate the official rules of conduct for community association financial managers, including a review of CACM's Code of Professional Ethics and Standards of Practice. Passing one online exam is required for CMM130.
 - [Budgeting \(FIN300\)](#): This represents 4 hours of instruction incorporating real-life examples and hands-on activities to help you learn how to analyze and use reserve funding plans; budget for conversions and new construction; and utilize the budget and reserve study to help the board make fiscally responsible financial decisions. No exam required.
 - [Assessment Collections \(FIN210\)](#): This represents 4 hours of instruction providing you with the knowledge you need to assist your board in meeting its fiduciary responsibility to levy and collect assessments. No exam required.
 - [Strategic Financial Planning \(FIN320\)](#): This represents 4 hours of instruction preparing you to assist your boards in developing a strategic approach to fund planning and provide you with the ability to articulate the various elements and options to choose from in their desire to achieve financial stability. No exam required.
3. Read the [CACM Code of Professional Ethics and Standards of Practice](#) in its entirety.
4. Email the completed application form, including applicable fees, to certification@cacm.org.
5. Request each of your three (3) references to send their confidential recommendation forms directly to certification@cacm.org. **No recommendation forms will be accepted from the Applicant's email address.**
 - Please send page 5 of the application (Confidential Recommendation Form) to three (3) references: 1.) Board/Committee Member 2.) Employer 3.) One of either of the following: CCAM, CAFM, MCAM or CAMEX. Please have your references complete the form and send directly to certification@cacm.org. No recommendation forms will be accepted from the Applicant's email address.
 - **If Applicant is the owner of a company:** In lieu of an Employer recommendation form, you may submit two (2) recommendation forms from Board/Committee Members and two (2) recommendation forms from Service Providers/Vendor. CACM also requires a copy of the following: 1.) Business License 2.) Articles of Incorporation 3.) Company DBA filing. In lieu of a business license, CACM will accept an insurance declarations page or bank statement.
6. Additional Notes:
 - Though you may become a Member and begin the certification process without having community association financial experience by completing the required certification courses; **three (3) years accounting or finance work experience, or be employed within community association management in accounting/finance functions full-time for a minimum of 12 months experience is required in order to submit the application.**
 - Courses may be taken in any order. Each course is valid for three (3) years for the purpose of certification.
 - Education credits earned through an organization other than CACM do not transfer over to a CAFM certification. This includes all outside ethics and law related courses.

AFTER SUBMITTING YOUR APPLICATION

Once all requirements above are completed, you will receive a confirmation notification. Once received, you may add the CAFM designation after your name in your correspondence, etc. In addition, you will receive a certificate via USPS within approximately 30 business days.

RECERTIFICATION REQUIREMENTS

Your CAFM certification is valid for three (3) years. Prior to your certification expiring, you must complete a total of 30 Continuing Education Units (CEUs), including your attendance at a CACM Law Seminar & Expo (8 CEUs) and [Ethics class](#) (4 CEUs). Annual Membership and Certification fees are due each January 1st. Suspension of membership and/or certification may take effect if: 1.) Fees are not paid by deadline 2.) Recertification requirements are not completed by deadline, and 3.) [Recertification application](#) is not received within 30 days of deadline.

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



**Community Association Financial Manager (CAFM)
Application Form
PAGE 1 OF 5**

| | | |
|---|---------------------------------|--|
| FOR CACM USE ONLY: Enter Date Received/By _____ | | |
| 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: _____ City: _____ State: _____ Zip Code: _____ | | |
| Personal Phone: _____ Personal Email Address: _____ | | |
| Check <u>all</u> professional designations, licenses and degrees that you possess: <input type="checkbox"/> CPM <input type="checkbox"/> PCAM <input type="checkbox"/> RE Salesperson License <input type="checkbox"/> RE Broker License <input type="checkbox"/> Esq. <input type="checkbox"/> HS 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 Is this a paid position? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Dates of Current Employment (MM/YYYY): From _____ To _____ | | |
| Business or Association Name: _____ | | Business Phone: _____ Extension: _____ |
| Business Address: _____ | | Business Website: _____ |
| Business City: _____ State: _____ Zip Code: _____ | | Business Email: _____ |
| Have you been employed within Association Management for at least twelve (12) months ? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Do you have at least three (3) years accounting or finance work experience? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you the Owner/CEO/President/Sole Proprietor of the Business? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| If you checked "Yes", please include with your application submittal the owner required documents as stated on the Instruction page. | | |
| If you checked "No", please complete the following: Supervisor Name: _____ | | |
| Title: _____ Email Address: _____ | | |
| If you are NOT presently employed within community association management, or if you have worked for your current employer in a financial management capacity for less than 12 months , please complete this section: | | |
| Name of Previous Employer: _____ | | Previous Employer Phone: _____ |
| Previous Employer Address: _____ | | Previous Employer Email Address: _____ |
| Dates of Previous Employment (MM/YYYY): From _____ To _____ | | |
| Indicate your function(s) and percent of time spent (Percentages must add up to 100%): <input type="checkbox"/> Financial Mgmt. _____ % <input type="checkbox"/> Assoc. Mgmt. _____ % <input type="checkbox"/> Supervisor of Mgrs. _____ % <input type="checkbox"/> Other _____ % <i>Describe:</i> _____ | | |
| Have you worked for a CCAM, CAFM, MCAM or CAMEX? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please state name:</i> _____ | | |



**Community Association Financial Manager (CAFM)
Application Form
PAGE 2 OF 5**

- | | | |
|--------------------------|--------------------------|---|
| 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 ten (10)** of the following functions. For every function you perform, please indicate percent (%) of time spent performing this function (**The percentages must add up to 100%**):

| | |
|---|--------------|
| Management/administration of association daily financial affairs | _____ % |
| Provide guidance/assistance to boards of directors regarding the interpretation of governing documents, codes & parameters related to financial activities & affairs of the association | _____ % |
| Duties include owner/resident/tenant communications and acting as liaison regarding the financial activities of the association | _____ % |
| Identify and report financial anomalies to the association | _____ % |
| Oversee the billing and or collection of assessments and the application of delinquency control policy of the association | _____ % |
| Respond to escrow demand statements, request for disclosures, and third-party requests for access to association documents | _____ % |
| Coordinate with financial institutions regarding association funds, updating bank signature cards, investment of reserve funds and related activities | _____ % |
| Cause to be prepared interim financial statements and accompanying documents that comply with Civil Code Section 1365.5 | _____ % |
| Coordinate with CPA to prepare annual financial statements in compliance with Civil Code Section 1365 | _____ % |
| File various federal and state documents mandated by law, including, but not limited to, 1099 forms, payroll tax returns, estimated tax payments, etc. | _____ % |
| Maintain vendor and supplier histories, including invoices, payments, tax ID numbers, and other information required to properly report expenses and payments | _____ % |
| Maintain corporate financial records either electronically or as original documents as directed by the board of directors | _____ % |
| Other (please specify) _____ | _____ % |
| TOTAL: | 100 % |



**Community Association Financial Manager (CAFM)
Application Form
PAGE 3 OF 5**

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 Community Association Financial 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 CAFM 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 Signed _____



**Community Association Financial Manager (CAFM)
Application Form
PAGE 4 OF 5**

APPLICATION AND 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: |
| 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 \$ _____ | | | |

| | |
|---|---|
| Payment Method: | <input type="checkbox"/> Check enclosed (Do not staple check to form) |
| | <input type="checkbox"/> Business/Personal credit on file with CACM |
| | <input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa |
| Card Number: | Expiration Date: |
| CVV Number: | Billing ZIP Code: |
| Cardholder Name: | |
| Signature: | |
| <input type="checkbox"/> Please email a receipt to: _____ | |



Community Association Financial Manager (CAFM)
Confidential Recommendation Form
APPLICATION PAGE 5 OF 5

FOR CACM USE ONLY: Enter Date Received/By

| | | |
|--------------------------|-----------------|-------------------------|
| First Name of Applicant: | Middle Initial: | Last Name of Applicant: |
|--------------------------|-----------------|-------------------------|

APPLICANT DIRECTIONS

Once you have noted your full name above, please email this recommendation form to each of your three references. Reference must complete this form and send it directly from their email to certification@cacm.org. **Recommendation forms will NOT be accepted from the Applicant's email.**

Three (3) recommendation forms must be completed by: One (1) Board/Committee Member, one (1) Employer, and one (1) of either of the following: CCAM, CAFM, MCAM or CAMEX. **Recommendation forms expire six (6) months from the date received by CACM.**

NOTE: If you are the owner/CEO/President/sole proprietor of the business or association; in lieu of submitting an Employer, CCAM, CAFM, MCAM or CAMEX recommendation form, please submit two (2) Board/Committee member recommendation forms, and two (2) Service Provider/Vendor recommendation forms.

REFERENCE DIRECTIONS

This is a confidential document. All information obtained will be kept confidential. The Applicant this reference is for will NOT see this form when you have finished, nor should they be present as you fill it out. CACM places considerable weight on the professional qualifications of each Applicant. Your recommendation is vital to the process. Please provide candid and thoughtful responses.

Please complete all fields below and e-mail directly to certification@cacm.org. **Do NOT include the Applicant in the email thread.** Any missing information and/or the Applicant being included in the email thread will result in delays in the Applicant's certification process. **Recommendation forms expire six (6) months from the date received by CACM.**

| | |
|-----------------|------------------|
| Reference Name: | Reference Title: |
|-----------------|------------------|

| | |
|--------------------------|-------------------------|
| Reference Email Address: | Reference Phone Number: |
|--------------------------|-------------------------|

Please check ONLY ONE box that describes your relationship to Applicant:

I am a Present Employer Former Employer Board/Committee Member Service Provider/Vendor

If applicable, please check: I am a CCAM CAFM MCAM CAMEX

Time associated with Applicant: Under 1 Year 1-4 Years 5-6 Years 7-8 Years 8 or More Years

Please rate the Applicant's ability to perform the role of community association manager: Poor Fair Good Very Good Excellent

Do you recommend this Applicant for certification in CACM? NO, I do not YES, I do

How would you describe the Applicant's moral character, integrity, sincerity of commitment to community association management as a professional, and ability to perform the role of community association manager?

Signature of Reference: _____ Date Signed: _____

Printed Name of Reference: _____