



Community Association Financial Manager (CAFM)
Confidential Recommendation Form

FOR CCAM USE ONLY: Enter Date Received/By

First Name of Applicant:	Middle Initial:	Last Name of Applicant:
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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:
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Reference Email Address:	Reference Phone Number:
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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: _____