



## Certified Community Association Manager (CCAM) Application Form

### 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](mailto: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 three (3) 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 of the industry and role of a community manager. Passing each BAM module is required (BAM Module I & II).
  - [California Law Series \(CMM121-CMM124\)](#): 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 each CA Law Module is required (CA Law Module I, II, III & IV).
  - [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 managers, including a review of CACM's Code of Professional Ethics and Standards of Practice. You may NOT substitute for any other ethics class. Passing one online exam is required for CMM130.
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](mailto:certification@cacm.org).
5. Request each of your three (3) references to send their confidential recommendation forms directly to [certification@cacm.org](mailto: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.) Service provider/Vendor 3.) One of either of the following: Employer, CCAM, CAFM, MCAM or CAMEX. Please have your references complete the form and send directly to [certification@cacm.org](mailto: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, CCAM, CAFM, MCAM or CAMEX 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 management experience by completing the three required certification courses; six (6) months of community management industry 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 CCAM certification. This includes all outside ethics and law related courses.

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### AFTER SUBMITTING YOUR APPLICATION

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

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### RECERTIFICATION REQUIREMENTS

Your CCAM 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.<sup>SM</sup>

23461 South Pointe Drive, Suite 200, Laguna Hills, CA 92653 | [certification@cacm.org](mailto:certification@cacm.org) | 949.916.2226 | [www.cacm.org](http://www.cacm.org)



**Certified Community Association Manager (CCAM)  
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<b>FOR CACM USE ONLY:</b> 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> _____		
<b>REQUIRED (Not for publication):</b>		
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		Dates of Current Employment (MM/YYYY): From _____ To _____	
Have you been employed within Association Management for <b>at least six (6) months</b> ? <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: _____	
Number of Employees Reporting to You: <input type="checkbox"/> None <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			

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 first page.	
If you checked "No", please complete the following: Supervisor Name: _____	
Title: _____	Email Address: _____

If you are <b>NOT</b> presently employed within community association management, 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 _____	



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Association(s) for which you presently provide management:  Single Family Homes, Homeowners Associations (HOA)  Condominiums  Planned Unit Developments (PUD)  Cooperatives (Co-ops), Apartments	Total # of Units	Length of Time Managed		
		Years		Mos.
		Years		Mos.
		Years		Mos.
		Years		Mos.

Indicate your function(s) and percent of time spent (**Percentages must add up to 100%**):  Assoc. Mgmt. \_\_\_\_\_%  Supervisor of 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 seven (7)** 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%**):

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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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 Signed** \_\_\_\_\_



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**APPLICATION AND MAINTENANCE FEES**

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

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"/> <b>\$180</b> <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: _____	



**Certified Community Association Manager (CCAM)**  
**Confidential Recommendation Form**  
**Application Page 5 of 5**

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](mailto: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) Service Provider/Vendor, and one (1) of either of the following: Employer, 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](mailto: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: \_\_\_\_\_