



Recertification Application

FOR CACM USE ONLY
Enter Date Approved/By

Please check the certification you wish to recertify:

- Certified Community Association Manager (CCAM)
- Community Association Financial Manager (CAFM)
- Master of Community Association Management (MCAM)

Please email this application directly to certification@cacm.org. Applications will be accepted no more than **30 days prior** to your recertification deadline.

| | | |
|-------------------------|----------------|-----------|
| 1. Applicant First Name | Middle Initial | Last Name |
|-------------------------|----------------|-----------|

| | |
|-------------------|----------------------------------|
| 2. Business Email | Home Email (Not for publication) |
|-------------------|----------------------------------|

3. Has anything changed since your last recertification? **Yes** **No** (If Yes, please note all changed items, such as employer, address, title, job responsibilities, personal contact information, etc. Attach additional written detail if necessary.)

4. Supervisor, HR contact, CEO or Owner who can verify your employment: Or check here if you are Sole Proprietor/Owner

Name _____ Title _____ Email _____

5. If you answer "Yes" to any of the following questions, please attach a detailed, written explanation clarifying if this was a personal or business related issue and if it pertained specifically to association management or not.

| 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/revoked or 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? |

6. Do you possess other professional designations or licenses (e.g., PCAM, CPM, CPA, Broker etc.)? (MM/DD/YY)

Designation/License _____ Issuing Agency _____ Number _____ Exp. Date _____

Designation/License _____ Issuing Agency _____ Number _____ Exp. Date _____

Designation/License _____ Issuing Agency _____ Number _____ Exp. Date _____

7. This application is submitted to CACM with the understanding that:

- The information provided will be used to assist CACM in judging the applicant's eligibility for CCAM/CAFM/MCAM status.
- Additional information that may be required by CACM shall be supplied promptly upon request.
- The applicant is at least 18 years of age.
- 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/CAFM/MCAM 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, the 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 Code of Professional Ethics and Standards of Practice.

Applicant Signature _____ Applicant Title _____

Applicant Name _____ Date Signed _____

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.