



CCIP

(California Certified Industry Partner)

Certification Application

REQUIREMENTS FOR CCIP CERTIFICATION

- Complete and pass the three required courses:
 - CIP100 HOA Core Principles for Industry Partners: This represents 10 hours of general community industry education designed to give you a comprehensive overview of the industry, the role of the board, community manager and industry partner. Passing an exam is required with passing score of 75%.
 - CIP200 Enhanced Professional Presence for Industry Partners: This represents 4 hours of instruction and will help increase your level of credibility and professionalism by effectively managing all aspects of the way you communicate with others – visually, verbally and on paper.
 - CIP300 Foundational Ethics for Industry Partners: During this four-hour course, you will explore a variety of scenarios that demonstrate the official rules of conduct for professionals in the CID industry, 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 CIP300.
- Email a completed CCIP certification application including certification fee to certification@cacm.org.
- Request each of your three references (as noted below) to email their Recommendation form directly to certification@cacm.org. **No recommendation forms will be accepted from the applicant's e-mail.**
- Additional Notes:
 - Though you may become a member and begin the certification process without having HOA industry experience by completing the three required certification courses; **6 months of community industry experience is required in order to submit this CCIP certification application.**
 - Courses may be taken in any order. Each course is valid for three years for the purpose of certification.
 - Education credits earned through an organization other than CACM do not transfer over to a CCIP certification. This includes all outside ethics and law related courses.

PROCESS TO BECOME CERTIFIED

- You must have a current Industry Partner Membership in order to register for the Industry Partner certification courses. Contact membership@cacm.org for more information regarding membership.
- Register online for your three required certification courses and pass all required online exams.
- Read the CACM Code of Professional Ethics and Standards of Practice in its entirety. The COE may be found on www.cacm.org or you may request it at certification@cacm.org.
- Email your complete, signed CCIP certification application including the \$180 fee form to certification@cacm.org.
- Three recommendation forms are required. Please email page 5 of the application to three references; 1.) one board member 2.) one Industry Partner 3.) one of either of the following; employer, CCAM, CAFM, MCAM or CAMEX. Please have your references complete the form and email it directly to certification@cacm.org as **recommendation forms will not be accepted from your 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 recommendation forms from a board/committee member and two recommendation forms from an Industry Provider, CCAM, CAFM, MCAM or CAMEX. CACM also requires a copy of these three items: 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.

NOTIFICATION OF CCIP CERTIFICATION STATUS

Once courses are passed and certification application including \$180 fee is received, you will receive an official email notification congratulating you on earning your CCIP. Once you receive this, you may add the CCIP designation after your name in signature blocks and on business cards. In addition, you will receive a CCIP certificate within approximately 14 business days.

RECERTIFICATION

Your CCIP certification is valid for three years. You have three years from the date you were officially certified to complete a total of 30 CEUs; including one CACM Law Seminar & Expo (8 CEUs) and one CACM Ethics course (4 CEUs). Annual Membership and Certification fees are due each July 1st. Suspension of membership and certification may take effect if: 1.) Fees are not paid by deadline 2.) Required CEUs are not completed by deadline 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



CCIP
(California Certified Industry Partner)
Certification Application

Applicant First Name	Applicant Middle Initial	Applicant Last Name
Applicant Nickname/Salutation (if applicable)		Applicant Title
Have you ever held CACM membership under any other name? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, under what name? _____		
REQUIRED (not for publication)		
Residence Address _____ Residence City _____ State _____ Zip Code _____		
Personal Phone/Cell # _____ Personal Email Address: _____		
Check <u>all</u> professional designations, licenses & degrees that you possess: <input type="checkbox"/> CPM <input type="checkbox"/> PCAM <input type="checkbox"/> Real Estate License <input type="checkbox"/> RE Broker License <input type="checkbox"/> Esq. <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED <input type="checkbox"/> BA/BS <input type="checkbox"/> MBA <input type="checkbox"/> PhD <input type="checkbox"/> Other Please specify _____		

Are you presently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Dates of Current Employment From _____ To: _____	
Have you been employed within the CID industry for at least six (6) months? <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"/> 0 <input type="checkbox"/> 1-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-20 <input type="checkbox"/> 21 or More			

Are you the Owner/CEO/President/Sole Proprietor of the Business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you checked Yes, please check <input type="checkbox"/> N/A, and 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 NOT presently employed within the common interest development industry, please complete this section or check <input type="checkbox"/> N/A	
Name of Previous Employer _____	Previous Employer Phone # _____
Previous Employer Address _____	Previous Employer Email Address _____
Dates of Previous Employment From _____ To _____	

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



CCIP
 (California Certified Industry Partner)
Certification Application

Indicate your function(s) & % of time spent: Performing contract work ___% Supervisor of others performing contract work ___%

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: _____

Please rate the percentage of time you work on these activities for CIDs. Percentages should add up to 100:

- | | |
|---|--------|
| 1. Work with community managers to coordinate bid proposals | _____% |
| 2. Walk thrus with community managers and/or board or committee members | _____% |
| 3. Attend board meetings to present proposals and/or answer questions relating to your business | _____% |
| 4. Draft RFPs for pending projects | _____% |
| 5. Provide manager/association with a list of suggested maintenance needs | _____% |
| 6. Supervise contracted projects | _____% |
| 7. Other: _____ | _____% |



CCIP
(California Certified Industry Partner)
Certification Application

APPLICANT SIGNATURE SECTION

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 California Certified Industry Partner 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 _____

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



CCIP
 (California Certified Industry Partner)
Certification Application

Application & 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
Applicant 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 _____		

<input type="checkbox"/> Check Enclosed (do not staple check to form)			
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
Card Number:		Expiration Date:	
CVV Number:		Billing Zip Code:	
Cardholder Name:			
Signature (required):			
<input type="checkbox"/> Please email a receipt to:			

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



CCIP
 (California Certified Industry Partner)
Certification Application

Confidential Recommendation Form

First Name of Applicant:	Middle Initial:	Last Name of Applicant:
<p>APPLICANT DIRECTIONS:</p> <p>Once you have noted your full name above, please email this recommendation form to each of your three references. Reference must then complete the form and email it directly from their email to certification@cacm.org. No recommendation forms will be accepted from the applicant's email.</p> <p>Three recommendations must be completed by; (1.) one board member (2.) one Industry Partner (3.) one of either of the following; Employer, CCAM, CAFM, MCAM or CAMEx.</p> <p><i>Note: If you are the owner/CEO/President/sole proprietor of the business or association; in lieu of submitting a CCAM/Employer recommendation form, please submit two board/committee member recommendations and two CCAM/CAFM,MCAM or CAMEx recommendations.</i></p>		
Name of Person Recommending Applicant		
Title of Person Recommending Applicant	Business or Association Name of Person Recommending Applicant	
<p>Please check <u>ONLY ONE</u> box that describes your relationship to Applicant</p> <p>I am <input type="checkbox"/> Present Employer <input type="checkbox"/> Former Employer <input type="checkbox"/> I am a Board/Committee Member</p> <p>I am a <input type="checkbox"/> Industry Partner I am a <input type="checkbox"/> CCAM <input type="checkbox"/> CAFM <input type="checkbox"/> MCAM or <input type="checkbox"/> CAMEx</p>		
Reference contact information		
Phone/Cell # _____ Email Address _____		
Time associated with Applicant <input type="checkbox"/> under 1 year <input type="checkbox"/> 1-4 years <input type="checkbox"/> 4-6 years <input type="checkbox"/> 6-8 years <input type="checkbox"/> 8 or more years		
Please rate the Applicant's ability to perform their role as a vendor. <input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent		
Do you recommend this Applicant for certification in CACM? <input type="checkbox"/> No, I do not <input type="checkbox"/> 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 their role as a vendor?		
Recommendation Forms expire six (6) months from date of signature.		
Signature of Reference _____		
Printed Name of Reference _____		Date _____

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