



ACCREDITED COMMUNITY MANAGEMENT FIRM (ACMF) CRITERIA FOR DESIGNATION

1. The applicant firm must be a CACM member in good standing of the Management Firm Council (MFC).
2. The applicant firm must have experience providing the services of community association management for a minimum of three (3) years.
3. The applicant firm must provide evidence of and maintain all necessary insurance coverage in amounts sufficient to protect the interests of the applicant firm's clients, including, but not limited to, general liability, fidelity insurance protecting the client's funds, and worker's compensation. In addition, the applicant firm provide evidence of and maintain an errors and omissions insurance policy in an amount not less than \$1,000,000.
4. The applicant firm may engage a CPA firm that provides service to any of the management firms' clients, to conduct an independent review of the applicant firms' financial controls, based upon the CACM approved internal control questionnaire, every three years. The applicant firm may not engage their corporate CPA. A letter from the approved CPA firm indicating a passing score must be submitted to CACM. The cost of said review shall be borne by the applicant firm.
5. The applicant firm must have one (1) CCAM in good standing in an executive or supervisory position for no less than six (6) months, who directs and supervises the applicant firm's community association management operations and signs the Management Firm Code of Ethics as the responsible party. Such position must be verified by the applicant firm's organizational chart. Further, each branch and/or regional office must also be supervised by a CCAM in accordance with the provisions stated above.
6. The applicant firm (providing full service management) must provide evidence that each community association manager in the employ of said firm is a candidate for the CCAM designation, and must complete the certification program requirements within two (2) years of becoming a CCAM candidate. Further, CCAM candidates must maintain the CCAM designation in good standing at all times for the applicant firm to retain the ACMF designation. Applicant firms providing only financial services are exempt from this requirement and must only have a CCAM in a supervisory position.
7. The applicant firm must ensure CACM receives four (4) references: two from current board member clients and two from the firms' service providers. References must be submitted directly to CACM on the attached Recommendation Form.

**ACCREDITED COMMUNITY MANAGEMENT FIRM
CRITERIA FOR DESIGNATION
CONTINUED**

8. The applicant firm must notify CACM if the applicant firm has a name or ownership change between re-certification periods (every three years), by providing a letter of disclosure demonstrating the firm's continued compliance with all requirements, and a statement indicating no substantial changes in the firm's operation have taken place. Upon renewal of the firm's ACMF designation, the new entity must re-apply for the ACMF designation as a new applicant firm.
9. The applicant firm's CEO, Officers & Managers must adhere to the published CACM Code of Professional Ethics and Standards of Practice, and comply with contractual standards equal to the CACM approved Standardized Management Contract. The ingredients for compliance to the contractual standards are as follows:
 - a. Disclosures in accordance with Civil Code 1363
 - b. Disclosures in accordance with Business & Professions Code 11500-11505
 - c. Specific appointment and acceptance recital(s)
 - d. General specifications covering service.
 - e. Definition of:
 - i. Term of Contract
 - ii. Termination Clause
 - iii. Insurance
 - iv. Indemnification
 - v. Compensation
 - vi. Extra(s) service and cost
 - vii. Signature page for agent/principal
10. The applicant firm must supply a brief company history, an organizational chart, a narrative describing the services offered, an original sample of the applicant firm's letterhead stationery and business card.
11. The applicant firm must provide a letter of compliance indicating the applicant firm's compliance with California Labor Code 6401.7 (Health & Safety).
12. The applicant firm must provide a copy of the business license from the city which is the applicant firms' main place of business.
13. The applicant firm agrees to pay an initial application fee of \$300 and an annual maintenance fee of \$150.

California Association of Community Managers ^s 23461 South Pointe Dr., Ste. 200			
Laguna Hills, CA 92653 949/916-2226		APPLICATION: ACCREDITED COMMUNITY MANAGEMENT FIRM (ACMF)	
Page 1 of 3			
Important - Please read preceding instruction pages prior to completing this application			
1a. Applicant Firm Name		3a. Business Telephone	
1b. Contact Person		3b. Business Fax Number	
2a. Business Address		4. Is your firm a CACM Management Firm Council member? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2b. City/State/Zip			
5. Please list appropriate company executives who direct and supervise firms' community association management operations. Please also attach firms' organizational chart.			
Name		Professional Designations/Licenses	Length of Employment
			Location (Corporate/Regional/Branch)
6. Please answer the questions below. If you answer "yes" to any of the questions, attach a detailed, written explanation.			
	Yes	No	
6a.	<input type="checkbox"/>	<input type="checkbox"/>	Has your firm ever been involved in a reorganization for the benefit of creditors or in bankruptcy proceedings as a debtor?
6b.	<input type="checkbox"/>	<input type="checkbox"/>	Has your firm or its designated executive/supervisor 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, etc.?
6c.	<input type="checkbox"/>	<input type="checkbox"/>	Has your firm ever been refused bonding, fidelity or crime insurance, or had any such coverage canceled?
6d.	<input type="checkbox"/>	<input type="checkbox"/>	Has your firm or its designated executive/supervisor ever been subject to disciplinary action by CACM or any other professional association?
6e.	<input type="checkbox"/>	<input type="checkbox"/>	Has your firm ever had any professional license suspended or revoked or otherwise been subject to disciplinary action?
7. Insurance		Limit	Insurance Company
a. General Liability			
b. Fidelity Bond			
c. Workers' Compensation			
d. Errors & Omissions			
Please provide copies of policies or declarations, including expiration dates, in support of the above.			
8. CPA Review		8d. CPA Firm Phone#	
8a. CPA Firm Name		8e. Date Review Completed	
8b. CPA Firm Contact Person		8f. Verification indicating Passing Score Attached: <input type="checkbox"/> Yes <input type="checkbox"/> No	
8c. CPA Firm Address			
Required Attachments		Check all that are attached with this Application	
<input type="checkbox"/> Brief Company History in Narrative Form <input type="checkbox"/> Organizational Chart <input type="checkbox"/> Narrative Describing Services Offered <input type="checkbox"/> Sample Letterhead and Business Card <input type="checkbox"/> CACM Code of Ethics & Standards of Practice		<input type="checkbox"/> Letter of Compliance for California Labor Code 6401.7 <input type="checkbox"/> List of Firms' Managers with Designation or Status <input type="checkbox"/> Statement of Compliance with Standardized Management Contract Guidelines <input type="checkbox"/> List of All Owners and Officers of the Firm.	

ACMF Candidate Application

Applicant Firm Name
Contact Person
Date

Page 2 of 3

This application is submitted to CACM with the understanding that:

1. The information provided will be used to assist CACM in reviewing the applicant's eligibility for ACMF status.
2. A phone interview with the applicant firms' designated executive/supervisor will be conducted.
3. Additional information that may be required by CACM shall be supplied promptly upon request.
4. The Applicant agrees to comply with contractual standards equal to the CACM approved Standardized Management Contract.
5. The Information provided is complete and correct to the best of the applicant's knowledge.
6. The information will be considered confidential, except as may be required to process and approve the application.
7. There are no actions charged against the applicant or challenges to the applicant's responsibility, character or integrity.
8. 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 to the application for slander, libel or defamation or character. CACM reserves the right to document all information contained herein.
9. 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 is disappointing the applicant if the application is not approved, including any suspension or expulsion of the applicant as a CMF program applicant.
10. The Applicant wholeheartedly subscribes to the official CACM Code of Professional Ethics and Standards of Practice.
11. The Applicant understands his/her responsibility to provide CACM with the current place of business and any change thereto.
12. The Applicant understands and agrees to permit the Board of Certification to review this application and any attachments thereto or subsequent information submitted or obtained related thereto, and investigate any portions thereof as it may deem necessary.
13. The Applicant agrees to provide a letter of disclosure regarding any ownership changes and understands CACM may revoke CMF status if all criteria is not met.
14. In addition to the foregoing, each Member 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.

Firm Name	Date
Signature	Title

Signature of Applicant firm name verifies the accuracy of this application and acknowledges the applicant has read the rules and regulation stated above and authorized CACM and/or its agents to verify all items listed above.

IMPORTANT!

A copy of the CACM Management Firm Code of Professional Ethics and Standards of Practice must be signed by the supervising CCAM and returned with this application.

For CACM Use Only:		
Signed copy of Code of Ethics and Standards of Practice Received	Date:	By:

Applicant Firm Name
Contact Person
Date

Confidential Letter of Recommendation

To the Applicant:

Insert your name and address immediately above. Prepare an envelope addressed to CACM (23461 South Pointe Dr., Ste. 200, Laguna Hills, CA 92653.) Give a copy of this form and an envelope to each person whom you ask to serve as a reference, asking him or her to follow the directions below carefully. Duplicate this form as necessary to provide a total of four (4) recommendations.

To the individual completing this "Confidential Letter of Recommendation" form:

The FIRM whose name appears above has applied for the Accredited Community Management Firm (ACMF) designation awarded by the California Association of Community Managers. Please answer the questions below in as specific and candid a manner as possible. When complete, place form in the envelope provided, seal the envelope, sign your name across the seal and mail it directly to CACM. Your signature across the seal ensures that the reference is confidential. Completing this recommendation is a qualified privilege, which attached and absolved you and the Association of liability, provided your communication is made in good faith and is limited to the issue at hand. You can be assured that the applicant will not have access to this letter.

Name of Person Completing this Form	Designations:		
Position/Title	Company/Association		
Address			
City/State/Zip			
Please identify your relationship with the applicant.			
<input type="checkbox"/> Client	<input type="checkbox"/> Service Provider		
Nature of Business Relationship with the applicant firm?	Years associated with the applicant or firm:		
How would you describe the applicant firm's integrity and sincerity of commitment of community association management as a profession?			
How do you rate the applicant firm's ability as a community association management firm:			
Additional Comments:			
I <input type="checkbox"/> Do <input type="checkbox"/> Do Not recommend this firm for accreditation by CACM.			
Name (print)	Signature	Telephone	Date