

23461 South Pointe Dr., Ste. 200  
 Laguna Hills, CA 92653  
 (949) 916-2226  
 (949) 916-5557-Fax  
 Page 1 of 5

**California Association of Community Managers<sup>SM</sup>**  
**CERTIFIED COMMUNITY ASSOCIATION MANAGER**  
**(CCAM<sup>®</sup>)**

**APPLICATION**

<b>FOR CACM USE ONLY</b>
Member ID #
Applicant Name (Last, First)
Application Approved By
Date Approved

1a. Applicant Last Name	1b. Applicant First Name	Middle Initial
2a. Have you ever held membership in CACM under another name? <input type="checkbox"/> Yes <input type="checkbox"/> No	2b. If yes, under what name?	
3a. Firm or Association Name	3b. Email Address	
3c. Business Address	3d. City/State/Zip Code	
3e. Business Telephone	3f. Business Fax Number	
4a. Residence Address	4b. City/State/Zip Code	
4c. Residence Telephone	5. Date of Birth	
6. Which above address do you wish CACM to use for mailing? <input type="checkbox"/> Residence <input type="checkbox"/> Business		

**7. EDUCATION**

a. High School Name:	City/State	<input type="checkbox"/> Diploma <input type="checkbox"/> GED	Year Graduated
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b. Do you possess other Professional Designations/Licenses (e.g., CPM, PCAM, CPA, Broker)?

Designation/License	Issuing Agency	Number and Expiration Date (If Applicable)
_____	_____	_____
_____	_____	_____

(Attach additional sheet if necessary)

**If you answer "yes" to any of the following questions, please attach a detailed, written explanation.**

Yes No

8.   Have you ever been involved in a re-organization for the benefit of creditors or in bankruptcy proceedings as a debtor?

9.   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, etc?

10.   Have you ever been refused bonding, fidelity or crime insurance, or had any such coverage canceled?

11.   Have you ever been subject to disciplinary action by CACM or any other professional association?

12.   Have you ever had any professional license suspended or revoked or otherwise been subject to disciplinary action by any licensing agency?

13.   Have you ever been convicted of or pled no contest to a felony?

**For CACM Use Only:**

Fee(s)	Employment Verification		
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<b>IMPORTANT. A copy of the CACM Code of Professional Ethics and Standards of Practice must be signed by applicant and returned with this application along with application processing fee and first year's payment of Annual Fees.</b>	Date Signed Copy Received:
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**CERTIFICATION APPLICATION  
 CERTIFIED COMMUNITY ASSOCIATION MANAGER  
 (CCAM<sup>®</sup>)**

**Full Service Management Only - Experience Report**

*If you complete this page you do not need to complete page 3 (Financial Management).*

14. Applicant's Name		14a. Firm or Association Name																									
14b. Title	Is this a paid position?	14c. Period from _____ to _____																									
14d. Name/Title of Immediate Supervisor		14e. Supervisor Email Address																									
14f. Number of Employees Reporting to You		14g. Title of Each Position Reporting Directly to You																									
14h. Association(s) You Manage: <table style="width:100%; margin-top: 5px;"> <tr> <td style="width:15%;"></td> <td style="width:35%; text-align: center;">Total # of Units</td> <td style="width:35%; text-align: center;">Number of Months Managed by You</td> <td style="width:15%;"></td> </tr> <tr> <td>Condominium</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>PUD(s)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> <tr> <td>Co-Op/ Community/Apt(s)</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td></td> </tr> </table>			Total # of Units	Number of Months Managed by You		Condominium	_____	_____		PUD(s)	_____	_____		Co-Op/ Community/Apt(s)	_____	_____		14i. Indicate your function(s) and % of time spent: <table style="width:100%; margin-top: 5px;"> <tr> <td><input type="checkbox"/> Association Manager</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td><input type="checkbox"/> Supervisor of Association Managers</td> <td style="text-align: right;">_____ %</td> </tr> <tr> <td><input type="checkbox"/> Other _____ % Describe: _____</td> <td></td> </tr> </table>		<input type="checkbox"/> Association Manager	_____ %	<input type="checkbox"/> Supervisor of Association Managers	_____ %	<input type="checkbox"/> Other _____ % Describe: _____			
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14k. Certification requires you perform a minimum of 7 of the following functions. Please check the boxes below for every function you perform and indicate % of time spent performing this function: <table style="width:100%; margin-top: 10px;"> <thead> <tr> <th style="width:85%;"></th> <th style="width:15%; text-align: right;">Percentage</th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/> 1. Budget preparation and management/administration of association financial affairs</td><td style="text-align: right;">_____</td></tr> <tr><td><input type="checkbox"/> 2. Contract negotiation and administration</td><td style="text-align: right;">_____</td></tr> <tr><td><input type="checkbox"/> 3. Provide advice and counsel Board of Directors regarding the interpretation of governing documents, codes and perimeters related to the activities and affairs of community associations</td><td style="text-align: right;">_____</td></tr> <tr><td><input type="checkbox"/> 4. Supervision of association employees and staff members</td><td style="text-align: right;">_____</td></tr> <tr><td><input type="checkbox"/> 5. Management of association maintenance programs</td><td style="text-align: right;">_____</td></tr> <tr><td><input type="checkbox"/> 6. Management/administration of association rules, regulations and architectural standards</td><td style="text-align: right;">_____</td></tr> <tr><td><input type="checkbox"/> 7. Management/supervision of association recreational programs</td><td style="text-align: right;">_____</td></tr> <tr><td><input type="checkbox"/> 8. Primary responsibility for homeowners/resident/tenant communications and liaison</td><td style="text-align: right;">_____</td></tr> <tr><td><input type="checkbox"/> 9. Risk management of association properties, activities and business affairs</td><td style="text-align: right;">_____</td></tr> <tr><td><input type="checkbox"/> 10. Primary responsibility for implementation of association policies</td><td style="text-align: right;">_____</td></tr> <tr> <td align="right"><b>Total</b></td> <td style="text-align: right;"><b>100%</b></td> </tr> </tbody> </table>					Percentage	<input type="checkbox"/> 1. Budget preparation and management/administration of association financial affairs	_____	<input type="checkbox"/> 2. Contract negotiation and administration	_____	<input type="checkbox"/> 3. Provide advice and counsel Board of Directors regarding the interpretation of governing documents, codes and perimeters related to the activities and affairs of community associations	_____	<input type="checkbox"/> 4. Supervision of association employees and staff members	_____	<input type="checkbox"/> 5. Management of association maintenance programs	_____	<input type="checkbox"/> 6. Management/administration of association rules, regulations and architectural standards	_____	<input type="checkbox"/> 7. Management/supervision of association recreational programs	_____	<input type="checkbox"/> 8. Primary responsibility for homeowners/resident/tenant communications and liaison	_____	<input type="checkbox"/> 9. Risk management of association properties, activities and business affairs	_____	<input type="checkbox"/> 10. Primary responsibility for implementation of association policies	_____	<b>Total</b>	<b>100%</b>
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15. On a separate sheet of paper describe in narrative form (250 words or more) your duties and responsibilities elaborating the functions you have checked above, and the level of your authority with association(s) managed.																											
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Signature _____ Date _____ Print Name/Title _____																											

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**Financial Management Only - Experience Report**  
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CERTIFIED COMMUNITY ASSOCIATION MANAGER  
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**PLEASE READ AND ACKNOWLEDGE BY SIGNING BELOW**

This application is submitted to CACM with the understanding that:

1. The information provided will be used to assist CACM in judging the applicant's eligibility for CCAM status.
2. Additional information that may be required by CACM shall be supplied promptly upon request.
3. The applicant is at least 18 years of age.
4. The information provided is complete and correct to the best of the applicant's knowledge.
5. The information will be considered confidential, except as may be required to process and approve the application.
6. There are no actions charged against the applicant or challenges to the applicant's responsibility, character or integrity.
7. 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.
8. 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.
9. The applicant wholeheartedly subscribes to the official CACM Code of Professional Ethics and Standards of Practice.
10. The applicant understands his/her responsibility to provide CACM with current place of business and any change thereto.
11. The applicant understands and agrees to permit the Professional Standards Committee 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.
12. The applicant understands that if their membership or certification is terminated as a result of a disciplinary action by the Professional Standards Committee, they will not be eligible to reinstate or reapply for either.

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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

*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 above.*

**CERTIFICATION APPLICATION**  
**CERTIFIED COMMUNITY ASSOCIATION MANAGER**  
**(CCAM<sup>®</sup>)**  
**Confidential Letter of Recommendation**

**TO THE APPLICANT:** Insert your name immediately below. 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. **You must obtain a total of 3 recommendations; 1 from each of the following: Board/Committee Member, Service Provider, Employer/CCAM).** *Duplicate this form as needed.*

**TO THE INDIVIDUAL COMPLETING THIS “CONFIDENTIAL LETTER OF RECOMMENDATION” FORM:** The person whose name appears above has applied for CCAM certification 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 an envelope, seal and sign your name across the seal, then mail it directly to CACM. Your signature across the seal ensures that the reference is confidential.** Completing this recommendation is a qualified privilege that attaches and absolves 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.

<b>Name of Applicant</b>			
Name of Person Completing This Form		Designation(s) <input type="checkbox"/> CCAM <input type="checkbox"/> PCAM <input type="checkbox"/> CPM <input type="checkbox"/> Other: _____	
Position/Title		Company/Name of Association	
Address			
City/State/Zip Code			
Relationship To Applicant:		<input type="checkbox"/> An employer or former employer of the applicant? <input type="checkbox"/> A Board /Committee member of the applicant? <input type="checkbox"/> A community association service provider? <input type="checkbox"/> A certified community association manager?	
Name of Business Relationship with the applicant:		Years associated with the applicant:	
How would you describe the applicant’s moral character, integrity and sincerity of commitment to community association management as a profession?			
How do you rate the applicant’s ability as a community association manager?			
Additional comments:			
I <input type="checkbox"/> Do <input type="checkbox"/> Do Not                      Recommend this applicant for certification in CACM.			
Name (Print)		Signature	Telephone
			Date