

Applicant Information

Mr./Ms. _____ First Name _____ Middle or Maiden Name _____ Last Name _____

Title _____ Business Email Address _____

Company _____

Business Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Business Shipping Address _____

City _____ State/ Province _____ Zip/Postal Code _____ Country _____

Direct Business Telephone _____ Main Business Telephone _____

Home Address _____

City _____ State/ Province _____ Zip/Postal Code _____ Country _____

Home Telephone _____ Personal Email Address _____

Birth Month/Day (MM/DD) _____ The name of my local NACM Affiliated Association: _____

I understand that I must already be registered with the National Education Department. (If you are not already registered, please attach a registration form, with the appropriate fee, to this form.)

I understand that a non-refundable fee must accompany this application. This fee covers the CBA designation process. I further understand that should I fail to complete this process by not taking the exam within one year of my written approval, I will need to reapply. The application fee is not divisible; no part will be refunded should I not complete the process.

Application Fee: Member: \$235 Non-member: \$335

A check, made payable to **NACM-National Education Department**, is attached.

Charge to: VISA MasterCard American Express F lueqxt'Ectf

Card Number _____ Card Security Code _____ Expiration Date _____

Cardholder's Name _____ Cardholder's Signature _____

Credit Card Billing Address _____

Please send all correspondence related to this application to:

Home address Business address

I plan to sit for the CBA exam on the following date:

- March 5, 2018 (Paperwork Deadline: January 26)
- June 10, 2018 – Exam given at NACM’s Credit Congress in Phoenix, AZ only (Paperwork Deadline: April 20)
- July 23, 2018 (Paperwork Deadline: June 1)
- November 5, 2018 (Paperwork Deadline: September 14)

Required Course Work:

Please indicate how you completed each course by checking the applicable box and providing any additional information requested below:

Basic Financial Accounting

- NACM-National's online accounting course. Indicate final grade and dates of attendance.

- NACM Affiliated Association sponsored course. Indicate name of NACM affiliate and date course was completed. Attach end of course certificate or grade report.

- College course. Record the institution where the course was taken. Official transcripts must be sent by the college or university to the NACM National Education Department. Courses must be taken at degree-granting institutions only.

Financial Statement Analysis I

- NACM-National's online Credit Learning Center course.

- NACM-National's Certificate Session course taken at NACM's National Headquarters. Indicate dates of attendance.

- NACM Affiliated Association sponsored course. Indicate name of NACM affiliate and date course was completed. Attach end of course certificate or grade report.

- College course. Record the institution where the course was taken. Official transcripts must be sent by the college or university to the NACM National Education Department. Courses must be taken at degree-granting institutions only.

- Other applicable Financial Analysis I course.

Business Credit Principles

- NACM-National's online Credit Learning Center course.

- NACM National's Certificate Session course taken at NACM's National Headquarters or NACM's Credit Congress. Indicate dates of attendance.

- NACM Affiliated Association sponsored course. Indicate name of NACM affiliate and date course was completed. Attach end of course certificate or grade report.

Testing Location

The exam will be given at your local affiliated association office unless special, advanced arrangements are made. If you wish to test at a location different from your affiliate office (must be approved by NACM), please provide proctor information below. Proctors must be in a supervisory role or a human resource representative from your company.

Proctor Name _____

Proctor Title _____

Shipping Address (street address only) _____

Email _____ Phone _____

Check here if upon receiving the CBASM designation, you would like NACM to notify your immediate supervisor (only one name please) of your achievement. The NACM president should send the notification to:

Mr./Ms. _____ Name of Supervisor _____ Supervisor's Title _____

Company _____

Mailing Address _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Direct Phone _____ Email Address _____

I hereby apply for admission to the Credit Business AssociateSM (CBASM) Designation.

I understand that I must take and pass the CBASM exam before achieving this designation.

I have met all of the requirements for this designation as outlined in the NACM Professional Certification brochure. By my signature, I agree to uphold the NACM Canons of Business Credit Ethics with the knowledge that any false statement or misrepresentation that I make in the course of these proceedings may result in the revocation of this application, forfeiture of the application fee and prohibit me from participating in the Professional Certification Program. I further agree to conduct myself in all business dealings so as to reflect honor and merit upon the financial and business credit profession.

Signature of Applicant _____ Date _____

I understand that by providing my mailing address, email address and telephone number, I consent to receive communications sent by or on behalf of the National Association of Credit Management (NACM), FCIB-NACM, Inc., and its subsidiaries and Affiliated organizations, via regular mail, email or telephone.

Signature of Applicant _____ Date _____

Check here to opt out of the congratulatory listing published in *Business Credit* magazine.

Return completed form to:
 NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158 • Fax: 410-740-5574 • Email: education_info@nacm.org