

Applicant Information

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

Name as should appear on all correspondence and certificate

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 Home Email Address

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

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 CCE® 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: \$385 Non-member: \$535

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

Charge to: VISA MasterCard American Express Discover Card

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 CCE 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)

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

I hereby apply for admission to the Certified Credit Executive (CCE®) Designation one of the plans defined below: (Choose One)

- Plan A: 125 documented roadmap points, 10 years of experience and having earned a four-year college degree
- Plan B: 125 documented roadmap points and having earned the CBASM and CBFSM
- Plan C: 125 documented roadmap points, 15 years of experience and 57 years of age or older
- GSCFM: Upon successful completion of the second year of the Graduate School of Credit and Financial Management®
- CCP Holder: Holder of the Certified Credit Professional (CCP) Certification of Canada
- Check here if upon receiving the CCE® 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 understand that I must take and pass the CCE® exam before achieving this designation. I also understand that should I earn the CCE® designation that I will need to recertify every three years until age 60 or until age 55 and formally retired.

I have met all of the requirements for this designation as outlined in the NACM Professional Certification brochure and have attached a completed copy of the NACM Career Roadmap. 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