

Application for the Credit Business FellowSM (CBFSM) Designation

Submit to: NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158



Applicant Information

Mr./Ms.	First Name	Middle or Maiden Name	Last Name	
Name as it 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 Phone	Main Business Phone			
Home Address	City	State/Province	Zip/Postal Code	Country
Home Phone _____/_____ Birthday (MM/DD)	Personal Email Address _____ The Name of My Local NACM Affiliated Association			

- ☐ I understand that I must have earned the Credit Business AssociateSM (CBASM) to apply for this designation.
- ☐ I understand that a non-refundable fee must accompany this application. This fee covers the CBF 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: \$325 ☐ Non-member: \$650

☐ 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	City	State/Province	Zip/Postal Code	Country

Please send all correspondence related to this application to:

☐ Home Address ☐ Business Address

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

- | | |
|--|---|
| ☐ June 7, 2026 exam given at NACM's Credit Congress in St. Louis, MO (paperwork deadline: April 17) | ☐ March 1, 2027 (paperwork deadline: January 8) |
| ☐ July 20, 2026 (paperwork deadline: May 29) | ☐ June 13, 2027 exam given at NACM's Credit Congress in Las Vegas, NV (paperwork deadline: April 16) |
| ☐ November 2, 2026 (paperwork deadline: September 11) | ☐ July 19, 2027 (paperwork deadline: May 28) |
| | ☐ November 1, 2027 (paperwork deadline: September 10) |

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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 CBF 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 Fellow (CBF) Designation. I understand that I must take and pass the CBF exam before achieving this designation.
- ☐ 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 showing completion of the required course work. 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 (MM/DD/YYYY) _____

I understand that by providing my mailing address, email address and phone numbers, 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 phone.

Signature of Applicant _____ Date (MM/DD/YYYY) _____

- ☐ 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