

Application for the Credit Business AssociateSM (CBASM) Designation

Applicant Information

Mr./Ms.

First Name	Middle or Maiden Name	Last Name	
Name as should appear on all correspondence and certificates			
Birth Month and Day (MM/DD)			Title
Company			SIC Codes
Business Mailing Address	City	State	Zip
Business Shipping Address	City	State	Zip
Direct Business Telephone			Main Business Telephone
Direct Business Fax			Main Business Fax
Home Address	City	State	Zip
Home Telephone	Business E-Mail Address		

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.

2007 Application Fee: Member: \$210
 Non-member: \$310

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

Charge to: VISA MasterCard American Express Diners Club Discover Card

Card Number	Card ID/Security Number	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

Check here if upon receiving the CBA designation, you would like NACM to notify your immediate supervisor (only one name please) of your achievement. NACM's President should send the letter to:

Mr./Ms.

Name of My Supervisor Supervisor's Title

Company

Mailing Address City State Zip

Direct Phone Direct Fax E-mail Address

I hereby apply for admission to the Credit Business Associate (CBA) Designation under Plan (A or B, as defined on pages 3-4) _____.

Required Course Work Description - Application for the Credit Business Associate

This section of the CBA application form must be completed and signed to process the application as a whole. Please complete the following applicable sections only. If a category does not pertain to you, you may disregard it. You must show evidence of having completed the course work requirements for either Plan A, course work method, or Plan B, CAP.

A. Higher Education

Record the institutions where an undergraduate degree was earned or where courses were taken. This includes courses taken at degree-granting institutions only. Official transcripts must be sent by the college or university to the NACM-National Education Department.

Institution	Degree/Major	Date

B. Graduate Courses

Record the institution where a degree was earned or graduate level courses completed. Official transcripts must be sent by the college or university to the NACM-National Education Department.

Institution	Degree/Major	Date

C. Credit Administration Program (CAP)

Record CAP courses completed. To document the successful completion of each course, you must supply end of course certificates, official transcripts or grade reports.

Sponsor/Location	Course Name	Grade	Completion Date

D. NACM Formal Programs

List the participation and completion of any nationally sponsored NACM program, such as the Mid-Career School.

Location	Program Title	Grade	Dates of Attendance

E. NACM Self-Study Courses

NACM self-study courses are presented online or on CD-ROM.

Course Name	Grade	Date

F. Self-Study Courses

Self-study courses are taken at your own pace outside of school and are sponsored by professional associations or organizations. Attach a copy of your course certificate(s) as documentation of your successful completion of each course.

Sponsor	Course Name	Grade	Completion Date

G. Credit Congress Certificate Session Courses

Record the attendance and completion of a certificate session course at the annual Credit Congress. The final exam must have been successfully passed to earn course equivalency. Please provide a certificate or letter from NACM-National noting your passing exam grade.

Conference Location	Course Name	Grade

H. Other Applicable CBA Courses

Please list any other courses which you may have taken that do not fit into any of the previously mentioned categories. Provide an end of course certificate, grade report or other documentation indicating the successful completion of the listing.

Sponsor	Course Name	Grade	Completion Date

I understand that I must take and pass the CBA 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, e-mail address, telephone and fax 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, e-mail, telephone or fax.

Signature Date

Mail to: National Association of Credit Management
Professional Certification Program
8840 Columbia 100 Parkway
Columbia, MD 21045-2158