Application for the Credit Business Associatesm (CBAsm) Designation

Applicant Information

Mr./Ms.	First Name		Middle	or Maiden Name		Last Name
Title			Busines	s Email Address		
Company						
Business Mailing	Address					
City			State/P	rovince	Zip/Postal Code	Country
Business Shippir	ng Address					
City			State/ P	rovince	Zip/Postal Code	Country
Direct Business 1	Telephone		Main Bu	siness Telephone		
Home Address						
City			State/ P	rovince	Zip/Postal Code	Country
Home Telephone	e		Persona	l Email Address		
Birth Month/Da	ay (MM/DD)	The name o	f my local NACM Af	filiated Associatio	in:	
I understand tl		registered with	n the National Educ			ady registered, please attach a
that should I fa		cess by not taki	ng the exam within	one year of my wr		n process. I further understand eed to reapply. The application
Application Fe	e: 🗌 Member: \$2	235 🗆 Nor	n-member: \$470			
□ A check, ma	ade payable to NACM	-National Edu	cation Departmen	t , is attached.		
Charge to:	□ VISA □ Mast	erCard 🛛	American Express	Discover 0	Card	
Card Number			Card Se	curity Code		Expiration Date
Cardholder's Na	me		Cardhol	der's Signature		
Credit Card Billir	ng Address					
Please send all	l correspondence rela	ted to this appl	lication to:			
□ Home addr	ress 🛛 Business	address				
I plan to sit for	the CBA sM exam on th	e following dat	e:			
 June 5, 2022 exam given at NACM's Credit Congress in Louisville, KY only (Paperwork Deadline: April 15) July 25, 2022 (Paperwork Deadline: May 27) November 7, 2022 (Paperwork Deadline: September 9) 			5)	 March 6, 2023 (Paperwork Deadline: January 20) June 11, 2023 exam given at NACM's Credit Congress in Grapevine, TX (Paperwork Deadline: April 21) July 24, 2023 (Paperwork Deadline: June 16) November 6, 2023 (Paperwork Deadline: September 22) 		

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 1

- □ 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 1 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.

Application for the Credit Business AssociateSM (CBASM) Designation

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.

ignature of Applicant	Date
I understand that by providing my mailing address, email address and telephone number, I cons 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 <i>Business Credit</i> 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