## Application for the Certified Credit Executive® (CCE®) Designation

## **Applicant Information**

Mr./Ms.	First Na	ime	Middle	or Maiden Name	Last Name	
Name as should app	oear on all corr	espondence and certifi	cate			
Title			Busine	ss Email Address		
Company						
Business Mailing Ad	dress	City	State/P	rovince	Zip/Postal Code	Country
Business Shipping A	Address	City	State/P	rovince	Zip/Postal Code	Country
Direct Business Tele	phone		Main B	usiness Telephone		
Home Address		City	State/P	rovince	Zip/Postal Code	Country
Home Telephone			Home I	Email Address		
Birth Month/Day (	(MM/DD)	The i	name of my local N	IACM Affiliate:		
		dy be registered with ropriate fee, to this f		cation Departmen	nt. (If you are not alre	ady registered, please attach a
that should I fail to	complete th		ng the exam withir	one year of my wr		on process. I further understand need to reapply. The application
Application Fee:	☐ Memb	er: \$385 🔲 Non	ı-member: \$770			
☐ A check, made	e payable to <b>N</b>	IACM-National Educ	cation Departmer	ıt, is attached.		
Charge to:	VISA 🗆	MasterCard	American Express	☐ Discover 0	Card	
Card Number			Card Se	ecurity Code		Expiration Date
Cardholder's Name			Cardholder's Signature			
Credit Card Billing A	address					
Please send all co	rrespondenc	e related to this appl	ication to:			
☐ Home address	s 🗆 Busi	ness address				
I plan to sit for the	e CCE® exam o	on the following date	2:			
<ul> <li>□ June 5, 2022 exam given at NACM's Credit Congress in Louisville, KY only (Paperwork Deadline: April 15)</li> <li>□ July 25, 2022 (Paperwork Deadline: May 27)</li> <li>□ November 7, 2022 (Paperwork Deadline: September 9)</li> </ul>				<ul> <li>March 6, 2023 (Paperwork Deadline: January 20)</li> <li>June 11, 2023 exam given at NACM's Credit Congress in Grapevine, TX (Paperwork Deadline: April 21)</li> <li>July 24, 2023 (Paperwork Deadline: June 16)</li> <li>November 6, 2023 (Paperwork Deadline: September 22)</li> </ul>		

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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						
hereby apply for admission to the Certified Credit Exe	ecutive (CCE®) Designation on	e of the plans defined be	low: (Choose One)				
☐ Plan A: 125 documented roadmap points and havir	ng earned the CBA <sup>SM</sup> and CBF <sup>S</sup>	M					
Plan B: 125 documented roadmap points, 10 years of experience and having earned a four-year college degree							
Plan C: 125 documented roadmap points, 15 years of experience and 57 years of age or older							
SSCFM: Upon successful completion of the second year of the Graduate School of Credit and Financial Management®							
CCP Holder: Holder of the Certified Credit Profession			O .				
☐ Check here if upon receiving the CCE® designation, your achievement. The NACM president should sen		fy your immediate superv	risor (only one name please) of				
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® exa designation that I will need to recertify every three yea I have met all of the requirements for this designatio completed copy of the NACM Career Roadmap. By m knowledge that any false statement or misrepresentat application, forfeiture of the application fee and prohi conduct myself in all business dealings so as to reflect	ars until age 60 or until age 55 on as outlined in the NACM P y signature, I agree to uphol ion that I make in the course bit me from participating in t	and formally retired.  rofessional Certification I d the NACM Canons of B of these proceedings may he Professional Certificat	prochure and have attached a usiness Credit Ethics with the result in the revocation of this ion Program. I further agree to				
Signature of Applicant			Date				
I understand that by providing my mailing addressent by or on behalf of the National Association o and its subsidiaries and Affiliated organizations, v	f Credit Management (NACM)	, FCIB-NACM, Inc.,	eceive communications				
Signature of Applicant			Date				
☐ Check here to opt out of the congratulatory listing p	oublished in Business Credit mag	azine.					

Return completed form to:

NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158 • Fax: 410-740-5574 • Email: education\_info@nacm.org