

Application for the Certified Credit Executive® (CCE®) 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 | Personal Email Address | | | |
| _____/_____ Birthday (MM/DD) | | The Name of My Local NACM Affiliated Association | | |

- ☐ 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: \$440 ☐ Non-member: \$880

☐ 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 CBA exam on the following date:

- | | |
|---|--|
| <input type="checkbox"/> May 18, 2025 exam given at NACM's Credit Congress in Cleveland, OH (paperwork deadline: April 4) | <input type="checkbox"/> March 2, 2026 (paperwork deadline: January 9) |
| <input type="checkbox"/> July 21, 2025 (paperwork deadline: May 30) | <input type="checkbox"/> June 7, 2026 exam given at NACM's Credit Congress in St. Louis, MO (paperwork deadline: April 17) |
| <input type="checkbox"/> November 3, 2025 (paperwork deadline: September 12) | <input type="checkbox"/> July 20, 2026 (paperwork deadline: May 29) |
| | <input type="checkbox"/> November 2, 2026 (paperwork deadline: September 11) |

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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

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 and having earned the CBASM and CBFSM
- ☐ 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
- ☐ 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 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 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 (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