

NACM Exam Retake Form

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 plan on attempting a designation exam on the date indicated below. I have completed this form as notification of my intent and will return it along with the accompanying non-refundable fee by the paperwork deadline for the specified exam date. I understand that all exam fees must be paid prior to attempting the exam. I further understand that I have up to three years from the date of my written confirmation to pass the exam and that after this time I will have to reapply. The exam will be given at my local Affiliate office, unless special advanced arrangements have been made. I have notified my Affiliate office to confirm my status and time to attempt the exam.
- ☐ If there is a need to reschedule the exam date, I will notify the NACM-National Education Department in writing via mail or fax two weeks prior to my original selected exam date. I understand that if I do not reschedule my exam appointment and fail to show up to take the exam, I will be subject to a rescheduling/no-show fee.

Exam Date:

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| <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) |

Exam to be taken: (Choose one) ☐ CBASM (\$99) ☐ CBFSM (\$99) ☐ CCE[®] (\$125)

☐ 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 (MM/YY)		
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
- ☐ 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