

# Application for the Credit Business Associate<sup>SM</sup> (CBA<sup>SM</sup>) Designation

## Applicant Information

Mr./Ms. First Name Middle or Maiden Name Last Name

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 Telephone Main Business Telephone

Home Address

City State/Province Zip/Postal Code Country

Home Telephone Personal Email Address

Birth Month/Day (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 CBA<sup>SM</sup> 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: \$270  Non-member: \$540

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

Please send all correspondence related to this application to:

Home address  Business address

I plan to sit for the CBA<sup>SM</sup> exam on the following date:

- March 4, 2024 (Paperwork Deadline: January 12)
- June 9, 2024 exam given at NACM's Credit Congress in Las Vegas, NV (Paperwork Deadline: April 19)
- July 22, 2024 (Paperwork Deadline: May 31)
- November 4, 2024 (Paperwork Deadline: September 13)

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## 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.

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- NACM Affiliated Association sponsored course. Indicate name of NACM Affiliate and date course was completed. Attach end of course certificate or grade report.

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- 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.

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### 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.

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- NACM Affiliated Association sponsored course. Indicate name of NACM Affiliate and date course was completed. Attach end of course certificate or grade report.

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- 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.

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- Other applicable Financial Analysis 1 course.

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### 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.

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- NACM Affiliated Association sponsored course. Indicate name of NACM Affiliate and date course was completed. Attach end of course certificate or grade report.

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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

Check here if upon receiving the CBA<sup>SM</sup> 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 Associate<sup>SM</sup> (CBA<sup>SM</sup>) Designation.

I understand that I must take and pass the CBA<sup>SM</sup> 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, email address and telephone number, 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 telephone.

Signature of Applicant

Date

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](mailto:education_info@nacm.org)