

Application for the Credit Business FellowSM (CBFSM) 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 have earned the Credit Business Associate (CBASM) to apply for this designation.

I understand that a non-refundable fee must accompany this application. This fee covers the CBFSM 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: \$325 Non-member: \$650

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 CBFSM 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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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 CBFSM 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 Fellow (CBFSM) Designation. I understand that I must take and pass the CBFSM exam before achieving this designation.

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 showing completion of the required course work. 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