

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

I plan to sit for the CBA exam on the following date:

- June 7, 2026 exam given at NACM's Credit Congress in St. Louis, MO (paperwork deadline: April 17)
- June 13, 2027 exam given at NACM's Credit Congress in Las Vegas, NV (paperwork deadline: April 16)
- July 20, 2026 (paperwork deadline: May 29)
- July 19, 2027 (paperwork deadline: May 28)
- November 2, 2026 (paperwork deadline: September 11)
- March 1, 2027 (paperwork deadline: January 8)
- November 1, 2027 (paperwork deadline: September 10)

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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 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 (CBA) Designation.

I understand that I must take and pass the CBA 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 (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](mailto:education_info@nacm.org)