			Recert	ifcation Period
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	s City	State/Province	Zip/Postal Code	Country
Direct Business Telephone		Main Business Telephone	e	
Home Address	City	State/Province	Zip/Postal Code	Country
Home Telephone		Home Email Address		
Birth Month/Day (MM/D	D) The name of my loca	l NACM Affiliated Associa	tion:	
Please send all correspo	ondence related to this report to my:	☐ Home	☐ Business	
Fee Schedule:	CCE Recertification Fee received b	v Oct. 31 (Member)	\$150 \$;
(Mark applicable fees)	CCE Recertification Fee received a	-		5
(man applicable rece)	CCE Recertification Fee (Non-Mem		\$300	;
	Late Fee	belj)
			\$ 25	;
	Total Enclosed with Report		Ş	·
*CCE Label Pin and Woo	den Plaque are available through NAC	CM's Bookstore.		
☐ A check, made paya	ble to NACM-National Education De	epartment, is attached.		
Charge to: ☐ VISA	☐ MasterCard ☐ American	n Express	er Card	
Card Number		Card Security Code		Expiration Date
Cardholder's Name		Cardholder's Signature		
Credit Card Billing Address	;			
I would like NACM to no	tify my immediate supervisor of my	recertification achieveme	ent.	
Mr./Ms.	Name of Supervisor			Supervisor's Title
Company				
Mailing Address	City	State/Province	Zip/Postal Code	Country
Direct Phone		Email Address		

This form must be completed and returned to the NACM-National Education Department by December 31st of your recertification year. CCEs must recertify at three-year intervals to maintain their designation.

A total of six points are required to earn recertification. Three points must be educational points and the other three must be participation points. Educational points are based on continuing education units; one education point is equal to 10 hours of continuing education. All programs and activities listed on this report must have occurred during your recertification period.

I certify that the information listed on this report is true to the best of my knowledge.

Sign	ature of Applicant			Date
	communications sent by	viding my mailing address, email address or on behalf of the National Association Affiliated organizations, via regular mail, e	of Credit Management (NACM), FO	
	Signature of Applicant	the congratulatory listing published in <i>Business</i> (Prodit magazina	Date
	Check here to opt out of	ine congratutatory fishing published in <i>Business</i> c	леин шадалие.	
Se	ction I - Continuin	g Education		
A.	List any advanced-leve	Ivanced-Level Courses course work you have completed at a detail development. Each credit hour is equal ucation Department.		
Inst	itution	Course Title	Date	Credit Hours
B.	Program topics must be	ation at Conferences, Seminar e related to business credit, financial mar our of instruction is equal to .1 education documentation.	nagement or personal developmen	t and should be at an
Pro	gram Sponsor	Name of Program	Year Completed	Hours of Instruction

C.	Self-Study Cours If you have successful	ses ly completed self-study courses sponsor	ed by a qualified institution, list the	m here.
Spo	nsor	Course Name	CEUs/Hours	Grade
D.	for each presentation. (Service as an instruct	ing and researching a topic for a speech . Your presentation can take place at a lo tor or speaker at an employer sponsored ust be related to business credit or finar	cally, regionally or nationally spons gathering is considered a local pres	ored educational event. entation). The subject
Prog	gram Sponsor	Name of Program	Date	Hours of Program
E.	course taught. Educat	urses related to business credit or financ cional points are granted for the time you s awarded for each course taught. Pleas	a have spent preparing for and resea	rching the course topic.
Insti	tution	Name of Course	Date	Hours of Program

Published Author

☐ Questions attached.

Total Education Points

	publication below. Articles must be at	has been published, list the name of the publication least 250 words in length and relate to business creublished articles. Please attach a copy of each artic	edit or financial management. Letters
Nan	ne of Publication	Title of Article	Date Published
G.	Participation will be confirmed throug	(s) (.1 point per survey instance 1.5 point is ghost the survey's respondent rosters. 1.5 points may be pation Section if more than the maximum is earned	e taken in the Education Section and
Year	r(s) Participated		
н.		onform to the previous categories, but you believe is unities you presented or in which you participated. on .5 and 2 points may be awarded.	
I.	multiple choice or cases/problems. Th	rs that would be suitable to include on a CCE examiney must be challenging and you must be able to ve aximum. Using a separate sheet, please attach the	rify the answers. You may earn .25

Section II - Participation

A.	NACM Membership List membership with your local NACM Affiliated Association (and FCIB) within your recertification period. Earn .5 point pe	and local CFDD Chapter as well as NAC er membership per year.	CM-National memberships
Orga	nization	Dates of Active	Membership
B.	Membership in Allied National Societies and This includes membership with Risk Management Associates per year of membership, per organization.		
Orga	nization	Dates of Active	Membership
C.	Participation in NACM Sponsored Education Workshops or Roundtables 1 point for each nationally sponsored NACM educa .5 point for each regionally sponsored NACM educa .25 point for each locally sponsored NACM education	tional event ational event	eminars,
Ever	nt Sponsor Name	Location	Date Attended

D.	NACM Affiliated Associated for other allied or pro	e Service committee member or ch ciation, an NACM Industry fessional associations m c is awarded per year for s	r Credit Group or at th ay be listed here. For	e National level of NA committee service, .25	CM, CFDD, or FCIB. S	ervice
Spoi	nsor	Activity		Position		Date/Term
E.	an employer sponsor	nter, Panelist presenter at a locally or red gathering may be listent. The topic should be at	ed here. The subject o	f the presentation mu	st be related to busi	ness credit or
Prog	gram Sponsor	Name of Pr	ogram	Date	Но	urs of Program
F.		urses related to business be full- or part-time. One			propriate informatio	on here. Service
Insti	tution	Location	Name of C	ourse Taught	Date	Credit Hours

G. Participation in Audio Teleconferences or Web Seminars

.5 points for each nationally sponsored Audio Teleconference or Web Seminar .25 points for each locally sponsored Audio Teleconference or Web Seminar 2 points maximum

List nationally sponsored audio teleconferences or web seminars in which you have participated. You must be the registered participant to receive points. Your name will be verified through the program's attendance roster.

Spor	nsor	Event Name	Speaker Name	Date
H.	Participation will be co	nfirmed through the survey's respon	(.1 point per survey instance 1. dent rosters. 1.5 points may be taken in the than the maximum is earned over your	ne Participation Section
Year	(s) Participated			
I.	(.25 points per year If your company contrib	outes its Accounts Receivable Data to	ng/Contribution o an NACM Affiliate credit reporting databa may earn .25 points per year for full file co	
Nam	e of Affiliate Receiving Da	ita Contribution and Year(s) Particip	ated	
J.	List any honors or awar		on period. The honors or awards must be warded for each award. Please provide doo	
Awa	rd Sponsor	Name	e of Award	Date Awarded

K.	Voluntary Community Service List any religious, civic, fraternal or charity work performed and the dates of your service. Each year of service is awarded .5 point per year.
L.	Special Consideration List any information which may not conform to the previous categories but you believe is worthy of review. Any listings should pertain to educational opportunities you presented or in which you participated. Scoring is at the discretion of the NACM Education Department. Between .5 and 2 points may be awarded.
M.	CCE Level Exam Questions Please provide questions with answers that would be suitable to include on a CCE examination. Questions may be true/ false, multiple choice or cases/problems. They must be challenging and you must be able to verify the answers. You may take points for submitted questions on only one section of this report. Using a separate sheet, please attach the questions to this report. Each question is awarded .25 point per question with a one point maximum.
	☐ Questions attached.
Tot	al Participation Points
Plea	se mail, email or fax your completed report to:
M:	National Association of Credit Management Professional Certification Program 8840 Columbia 100 Parkway Columbia, MD 21045-2158
E: F:	education_info@nacm.org 410-740-5574