

Application for the Certified Credit and Risk AnalystSM (CCRASM) Designation

Submit to: 8840 Columbia 100 Parkway, Columbia, MD 21045-2158



Applicant Information

Mr./Ms.	First Name	Middle or Maiden Name	Last Name
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Name as it Should Appear on all Correspondence and Certificate

Title	Business Email Address	Company
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Business Mailing Address	City	State/Province	Zip/Postal Code	Country
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Business Shipping Address	City	State/Province	Zip/Postal Code	Country
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Direct Business Phone	Main Business Phone
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Home Address	City	State/Province	Zip/Postal Code	Country
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Home Phone	Personal Email Address
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_____/_____ Birthday (MM/DD)	_____ The Name of My Local NACM Affiliated Association
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☐ 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 CCRA 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: \$150 ☐ Non-member: \$300

☐ 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
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Cardholder's Name	Cardholder's Signature
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Credit Card Billing Address	City	State/Province	Zip/Postal Code	Country
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Please send all correspondence related to this application to: ☐ Home address ☐ Business address

☐ I hereby apply for admission to the Certified Credit and Risk Analyst (CCRA) Designation

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Required Course Work:

This section of the application form must be completed and signed to process the application as a whole. Please complete the following applicable sections only. If a category does not pertain to you, you may disregard it. You must show evidence of having completed the course work requirements:

1. Basic Financial Accounting
2. Financial Statement Analysis 1
3. Financial Statement Analysis 2, Credit and Risk Assessment

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.
-
- ☐ 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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Financial Statement Analysis 2, Credit and Risk Assessment

- ☐ NACM-National's Certificate Session course taken at NACM's National Headquarters or Credit Congress. Indicate dates of attendance.

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

- ☐ 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.

- ☐ Other applicable Financial Analysis 2 course.

- ☐ I understand that I must take and pass the final exam for the Financial Statement Analysis 2, Credit and Risk Assessment course before achieving this designation.
- ☐ I have met all of the requirements for this designation. 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