NACM-National Professional Certification Program

Career Opportunities Expanded Knowledge Standards of Excellence Heightened Professional Recognition









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PROFESSIONAL CERTIFICATION PROGRAM

Certification is a mark of distinction and offers a wide range of benefits. Enhance your reputation and advance your career by earning a designation that attests to your high level of knowledge, experience and commitment.

Domestic Designations

Registration

Open your lifetime education file by sending in the registration form along with your resume and transcripts.

Credit Business FellowSM (CBF) Credit Business AssociateSM (CBA) CBF is a lifetime academic and Career Roadmap-based designation CBA is a lifetime academic-based designation that signals that illustrates achievers are knowledgeable about, and have the mastery of three credit-related disciplines: basic financial accounting, business credit principles and introductory contributed to, the field of business credit by first earning the CBA designation and then completing additional coursework. The CBF financial statement analysis. signals competence in business and credit law. CBA plus one more course Requirements Requirements What's a Career Business Credit Principles **Roadmap?** Business Law Basic Financial Accounting Credit Law An organized way of Financial Statement Analysis 1 • 75 Roadmap Points tracking professional • Apply and pass the experience, education • Apply and pass the nationwide CBA exam and participation nationwide CBF exam activities. Certified Credit and Risk AnalystSM (CCRA) Certified Credit Executive® (CCE) CCRA is a lifetime academic-based designation that CCE is NACM's highest designation, endorsing its achievers as signals mastery in the analysis and interpretation of capable of managing the credit function at an executive level. financial statements and the ability to make informed CCEs are required to recertify every three years, further validating credit risk assessments. (No Exam) their commitment to continuing education, self-improvement and advancement of the business credit profession. **Requirements** Basic Financial Accounting **Eligibility Options** Financial Statement Analysis 1 • 4-year degree + 10 years' experience + 125 Roadmap Points • Financial Statement Analysis 2 CBA & CBF designation + 125 Roadmap Points Credit & Risk Assessment • 57 years of age or older + 15 years' experience + 125 Roadmap Points • Graduate School of Credit & Financial Management

• Apply and pass the nationwide CCE exam

International Designations

Certified International Credit ProfessionalSM (CICP)

Certified International Credit Professional (CICP) is a lifetime mark of distinction that encourages professional development in global credit management and risk analysis while expanding knowledge.



Requirements

 Complete the 13-week ICRM online course and pass the CICP exam

International Certified Credit ExecutiveSM (ICCE)

International Certified Credit Executive (ICCE) is FCIB's executive-level designation for international credit and risk analysis professionals who are ready to make an impact on the world stage by excelling beyond their CICP designation. (Recertification required.)



Requirements

- Hold the CICP designation
- Earn 5 education points
- Earn 7 participation points

Professional Certification Program

2



Business Credit Principles

- Available at your NACM Affiliate
- Available at NACM's Credit Congress
- Available 24/7 on the Credit Learning Center
- Available at NACM Headquarters

Basic Financial Accounting

- Available at your NACM Affiliate
- Available as an Online Instructor-led Course
- Credits from University or Community College Accepted

Financial Statement Analysis 1

- Available at your NACM Affiliate
- Available 24/7 on the Credit Learning Center, purchase includes textbook
- Available at NACM Headquarters
- Credits from University or Community College Accepted

Financial Statement Analysis 2

- Available at NACM Headquarters
- Available at NACM's Credit Congress

Business Law

- Available at your NACM Affiliate
- Available 24/7 on the Credit Learning Center, purchase includes textbook

Credit Law

- Available at your NACM Affiliate
- Available 24/7 on the Credit Learning Center, purchase includes textbook

Graduate School of Credit and Financial Management (GSCFM)

Application-based, executive education offered in virtual components.

International Credit and Risk Management (ICRM)

Available as an Online Instructor-led Course provided by FCIB

"I had an awesome experience! The courses covered were both refreshing and value-adding."

- Mike Adewole, CBF Roche Diagnostics Corporation

"The CICP course introduced me to a myriad of information that I had no clue about, and I look forward to using my newfound knowledge in future credit-making decisions."

> Andrea Barney, CICP CED

How to Begin the Professional Certification Process

Step I. Register with the NACM-National Education Department

To begin the certification process, complete the <u>NACM-National</u> <u>Education Department Registration Form</u> found in this brochure or on the NACM-National website. Registration requires a one-time, non-refundable fee and must be submitted before registering to take the CBASM, CCRASM or CCE[®] designation exam. Confirmation of your registration will be sent to you once all of the information listed below is received.

Information to Send with Registration Form

- 1. Copy of Resume or Summary of Professional Experience
- 2. Certificates, Continuing Education Earnings Records, End of Course Certificates, Educational Seminars Send as much information as possible about any continuing education earnings you have already completed. You can obtain these records from the sponsors of the conferences and seminars you attended. For example, if you attended a local NACM Affiliate-sponsored event, that association is responsible for maintaining your continuing education earnings records.

In the future, simply forward your participation earnings from educational seminars and conferences to the NACM-National Education Department so that an up-to-date record is maintained in your file. By continually doing so, all of your earnings records are consolidated in one place instead of being maintained by several different program sponsors.

Why is a resume needed for my file?

Resumes, like transcripts, help to form a well-rounded file. It gives the NACM-National Education Department additional information about a candidate. In addition, anyone wishing to progress to the CBFSM and CCE[®] levels must have a resume on file, as it verifies work experience for Career Roadmap points.

3. Official Transcripts From Undergraduate or Graduate Colleges or Universities

Have the college or university send an official transcript directly to the NACM-National Education Department for evaluation. The transcript must be received directly from your college—photocopies are not acceptable. If your transcripts are already on file with NACM-National, you need not have them sent again unless you have taken additional courses.

Do I have to send in original transcripts?

If you are relying on your college classes to fulfill the required course work for either the CBASM or CBFSM, we need official transcripts (with raised seal and registrar stamp) to verify those courses. Photocopies are not accepted. If you have completed the CAP program and have not relied on previous college courses, we still ask that you have your official transcripts sent to us. This way, we will have them on file if you choose to pursue the CBFSM or CCE[®].

Designation Application

The CBASM, CCRASM, CBFSM and CCE[®] designations have their own application form available in this brochure and on the NACM-National website. To apply for a designation and the examination, you must complete the appropriate form and submit it with the corresponding, non-refundable fee. Each designation application fee covers a formal evaluation of your file, examination costs and, upon successful completion of a designation exam, a certificate attesting to your achievement. The application fee may not be divided, reduced or transferred due to failing the exam, withdrawing from the program or refusal of the certificate.

- <u>CBASM Application Form</u>
- <u>CCRASMApplication Form</u>
- <u>CBFSMApplication Form</u>
- <u>CCE® Application Form</u>

An application must be signed and accompanied by the proper application fee in order to be processed.

Step III. Complete an NACM Career Roadmap

Along with the CBFSM and CCE[®] designation applications, you must submit the <u>NACM Career Roadmap</u>. (The CBASM and CCRASM designations do not require Career Roadmap submission.) The Roadmap enables you to assess your professional accomplishments. A total of 75 Roadmap points is needed to qualify for the CBFSM designation and a total of 125 points is needed to qualify for the CCE[®] designation. Points are awarded for formal and continuing education, work experience, participation at local and national NACM offices, as well as special activities in which you may be involved. Your Roadmap will be reviewed and verified, after which you will be notified of your status. Completed paperwork is due five weeks prior to the scheduled exam date to ensure time for a thorough evaluation.

Keep a copy of your Roadmap accessible and add points to it as you attend classes and participate in activities and events. Save a complete copy of your Roadmap for future reference each time you submit it with a designation application.



Step II. Complete the Appropriate



Credit Business Associate[™]

The Credit Business AssociateSM (CBASM) is an academic-based designation. The three courses needed to qualify for this designation are:

- Basic Financial Accounting
- Financial Statement Analysis 1
- Business Credit Principles

Courses can be taken in any order, but it helps to have accounting knowledge before Financial Statement Analysis 1. There is no minimum work experience requirement and the NACM Career Roadmap is not required for this designation.

I have been in credit for many years...Can I use my work experience to waive the CBA Business Credit Principles course requirement?

Though you may have many years of experience in the credit profession, the National Accreditation Committee has concluded that the Business Credit Principles course is an essential foundation for anyone in credit. Some material may be a review for some students, but will only serve to enhance or refresh your knowledge base.

Certified Credit and Risk Analyst^{s™}

The Certified Credit and Risk AnalystSM (CCRASM) is an academic-based designation, which signals mastery in the analysis and interpretation of financial statements and the ability to make informed credit risk assessments.



The three courses needed to qualify for this designation are:

- Basic Financial Accounting
- Financial Statement Analysis 1
- Financial Statement Analysis 2: Credit and Risk Assessment

The final exam for the Financial Statement Analysis 2: Credit and Risk Assessment course serves as the designation exam. There is no minimum work experience requirement and the NACM Career Roadmap is not required for this designation.

Course work for the CCRASM and CBASM designations may be obtained in the following ways:

BUSINESS AS

Basic Financial Accounting

- 1. One full semester or two quarters of basic financial accounting at a college or
- 2. NACM-National's <u>online accounting course</u> or
- 3. Your local NACM Affiliated Association sponsored course.

Financial Statement Analysis 1

- 1. One full semester or two quarters of basic financial statement analysis at a college or
- 2. NACM-National's online <u>Financial Statement Analysis 1</u> course through the <u>NACM Credit Learning Center</u>, or
- 3. The <u>certificate session</u>, when offered at NACM's National Headquarters or
- 4. Your local NACM Affiliated Association sponsored course.

Financial Statement Analysis 2: Credit and Risk Assessment

- 1. The certificate session when offered at <u>NACM's National</u> <u>Headquarters</u> or
- 2. The certificate session when offered at <u>NACM's Credit</u> <u>Congress</u>.

Business Credit Principles

- 1. NACM-National's online, self-paced course through the <u>Credit Learning Center</u> or
- 2. The certificate session when offered at <u>NACM's National</u> <u>Headquarters</u> or
- 3. The certificate session when offered at <u>NACM's Credit</u> <u>Congress</u> or
- 4. Your local NACM Affiliated Association sponsored course.

Credit Business Fellow^{s™}

The Credit Business FellowSM (CBFSM) is an academic- and participation-based designation that affirms achievers are knowledgeable about and have contributed to the field of



business credit by first having earned the CBASM designation, as well as having completed additional course work. The CBFSM signals competence in business and credit law. CBFSM designation applicants must have accumulated 75 Career Roadmap points. An updated copy of your resume should accompany your CBFSM Application form and completed Career Roadmap. The courses needed to qualify for this designation are:

- Business Law (Contracts, Negotiable Instruments)
- Credit Law (UCC, Bankruptcy, Antitrust)

Business Law should be completed before Credit Law. A minimum passing grade of C or higher is necessary to successfully complete each course. If you are taking a college course, it is recommended that information about the course be sent to the NACM-National Education Department for course equivalency evaluation prior to enrollment. If you have completed this course work, you must submit details about the course's curriculum; please send either a course outline or description so that course equivalency may be evaluated.

Business Law

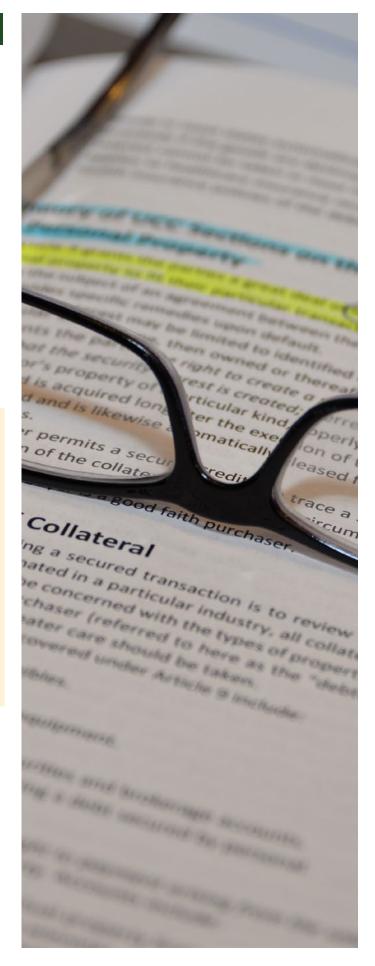
This course requirement may be fulfilled by successfully completing either:

- 1. One semester of Business Law or the Legal Environment of Business at a college.
- 2. Your local NACM Affiliated Association sponsored course.

Credit Law

This course requirement may be fulfilled by successfully completing either:

- 1. NACM-National's online, self-paced course through the <u>Credit Learning Center</u>.
- One semester of Advanced Business Law or Business Law II at a college. Before taking a college course, please submit course information to the NACM-National Education Department for equivalency evaluation.
- 3. Your local NACM Affiliated Association sponsored course.





Certified Credit Executive®

The Certified Credit Executive® (CCE®) is NACM's highest designation that endorses its achievers as capable of managing the credit function at an executive level. Candidates must pass a rigorous exam that tests application skills in the areas of accounting, finance, domestic and international credit concepts, management and law. CCE®s are required to recertify every three years, further endorsing their commitment to continuing education, self-improvement and advancement in the business credit profession.

CCE®: Plan A

Plan A is an alternative option for candidates who may not have been in credit for 10 years. This plan is designed for candidates who show the determination to pursue continuing education and higher career goals at a faster pace. You must have successfully earned the CBASM and CBFSM designations and submit a Career Roadmap showing 125 documented points.

CCE®: Plan B

Plan B requires the applicant to have earned a four-year college degree from an accredited institution, in addition to 10 years of experience in credit or financial management and 125 Career Roadmap points.

CCE®: Plan C

Plan C is an alternative designed for candidates 57 years of age or older, who may not have earned a degree from a four-year college or university, and have at least 15 years of experience in credit or financial management and 125 Roadmap points.

Second Year GSCFM® Students

Upon successfully completing the second year of the Graduate School of Credit and Financial Management[®] program, students may take the CCE[®] designation exam. The standard application requirements are waived, though these students must take and pass the CCE[®] exam to earn the designation. For more information visit the <u>Graduate School of Credit and Financial Management[®]</u>.

CCP (FCI) Holders

Anyone holding the Certified Credit Professional (CCP), (formerly FCI) certification, Canada's

CCCE

credit designation, who would like to become a CCE[®] should register and apply for the CCE[®] designation. Roadmap points and work experience qualifications will be waived for all CCPs in light of the intensive course regime and testing process required of them in Canada. Candidates need not complete the Career Roadmap but must submit a copy of the certificate attesting to CCP designation, official college transcripts and a current resume. CCPs who register and apply for the CCE[®] examination must also take and pass the same exam as all domestic candidates.

CCE® Recertification

CCE®s must apply for recertification every three years until age 60 (or until age 55 and have officially retired from the credit and financial management field). During each three-year period, a total of six recertification points must be earned. Three of the six points must be participation points and the other three (or 30 hours) must be continuing education points. Participation points are awarded for your NACM membership, attendance at NACM-National's Credit Congress and other activities. Recertification education points can be earned by completing a select number of self-study courses or attending advanced level continuing education programs. View or download the <u>CCE® Recertification Form</u>.

When you reach age 60 (or age 55 and have formally retired), you should notify the NACM-National Education Department so that you may be granted lifetime certification. To be eligible for lifetime certification, your CCE[®] designation must be in good standing.

Is the Career Roadmap really required?

Yes, the Roadmap is required if you are pursuing either the CBFSM or CCE[®] designation. The Roadmap documents your work experience, CEUs, course work and involvement with NACM and its Affiliates. If you are pursuing your CBASM or CCRASM, it is not required.

National Exam Date Schedule

The dates for the CBASM, CBFSM and CCE[®] exams are published on the last page of this brochure and on NACM-National's website. The exam test date schedule may be modified from time to time; all exam candidates will receive updated information and schedules with their written eligibility confirmation if this occurs.

Your registration form, application form, corresponding fees and documented Career Roadmap (if applicable) must be received by the NACM-National Education Department by the day of the paperwork deadline to ensure a formal evaluation of your information for each exam. You will receive written confirmation of your file status approximately four weeks from the date your paperwork is received.

Testing

Certification exams are administered in accordance with the national test date schedule. No cell phones, books, notes or reference materials are permitted in the exam room; however, hand-held calculators are permitted. Exam results are released in writing as pass or fail (unsatisfactory) only. Numeric grades are not released. Candidates receiving a failing result will be given study suggestions to help prepare to retake the exam.



You are encouraged to study for the examination. For the CBASM and CBFSM designations, test questions are drawn from the material covered in the required courses. Because NACM reserves the right to update the exams, qualified candidates should reference the current study outlines to prepare for the exam. All of the recommended study texts can be purchased through the <u>NACM-National Bookstore</u>.

CBASM and CBFSM <u>Online Practice Exams</u> are intended to provide a sampling of the official exam's format and content. They are not intended to reflect the exact number of questions on any specific subject nor are they reflective of the exact number of questions found on the official exam. The <u>Online Practice Exams</u> are meant for study preparation and as a tool to become comfortable with the testing process.

CBASM, CBFSM and CCE[®] exam reviews are available in an audio/ visual format through NACM's online Credit Learning Center. Your local NACM Affiliate may also offer designation exam reviews.

Exam Retake Fee

Should your exam results be unsatisfactory, you may retake any of the designation exams on the next scheduled test date. You must complete and send the exam retake form found in this brochure along with the appropriate retake fee to the NACM-National Education Department. Your form should be received by the NACM-National Education Department at least 30 days prior to the scheduled test date. The CBASM retake fee is \$99, the CBFSM retake fee is \$99 and the CCE[®] retake fee is \$125. These fees are valid through December 31, 2023.

Exam Rescheduling and Fees

The NACM-National Education Department must receive written notification of your wish to change exam dates at least two weeks prior to the exam date. A \$150 fee is charged if you reschedule later than two weeks prior to the examination date, or are a no-show for the examination. This fee applies each time you reschedule or cancel later than two weeks prior to the exam.

Testing Expirations

Candidates must take the appropriate designation exam within one year of written eligibility and must pass the exam within three years of eligibility. Failure to complete the process by taking or passing the exam will require the candidate to reapply.

Certificates and Lapel Pins

Upon successful completion of the required exams, a complimentary certificate of achievement is awarded from the NACM-National Education Department. Lapel pins may also be purchased to display your designation achievement. Information about the pins will be sent to you with your designation award notification.

What if I miss the paperwork submission deadline?

If your paperwork arrives in our office after the specified deadline, we cannot guarantee an evaluation of your file in time for the upcoming exam.

How do I obtain a study guide and materials for an exam?

Study guides are available on the NACM website. Books recommended on the study outlines may be purchased from the NACM Bookstore. CBASM and CBFSM Online Practice Exams are available from NACM-National's website. The practice exams offer a sampling of the official exam's format and content.

The Credit Learning Center offers CBASM, CBFSM and CCE[®] reviews. Click here for more information.

Can I get copies of my graded exam sent to me?

We do not release any of the exams to test candidates (neither graded nor clean exams are released).

When will I receive my exam results?

CBASM and CBFSM candidates will receive their exam results, either pass or fail, within three to five days of the exam date. CCE[®] candidates will receive their exam results, either pass or fail, within seven to 10 days of the exam date.

Can I get my exam results over the phone?

We do not release test results over the phone. Exam results are released in writing with copies being sent only to the member's Affiliate.

If I am unable to sit for the exam date I selected, can I reschedule for another date?

If there is a need to reschedule your exam date due to an emergency or extenuating circumstances, we ask that you notify us in writing two weeks prior to the original selected exam date. If you do not reschedule your exam appointment and fail to show up to take the exam, you will be subject to a rescheduling/no-show fee. Please be aware that you must take the exam within one year of your written approval, or you must reapply.

National Scholarship Foundation

A National Scholarship Foundation has been established to assist NACM members in continuing their education and achieving professional designations. Funds are raised from generous donations from the NACM community and afford many people the opportunity to continue investing in the future of our profession. NACM members are eligible and encouraged to apply for a national scholarship. For further information on the process and the available scholarship offerings, please click <u>here</u> or contact the NACM Meetings Department at 410-740-5560.

Canons of Business Credit Ethics

The Cornerstone of the global business economy is the extension of commercial credit. As such, business credit executives, as the guardians of commercial receivables, play the vital and critical role of ensuring the flow of commercial goods and services that support world commerce.

In fulfilling their professional duties, business credit professionals pledge to conduct their duties within the constraints of law and to not maliciously injure the reputation of others. Further, business credit professionals pledge themselves to the highest professional standards and principles and to guarding and securing, in confidence, information obtained for the sole purpose of analyzing and extending commercial credit.

Credit professionals pledge to:

- Adhere to the highest standards of integrity, trust, fairness, personal and professional behavior in all business dealings.
- Negotiate verbal or written credit agreements, contracts, assignments and/or transfers with honesty, fairness and due diligence to and for the benefit of all parties.
- Render reasonable assistance, cooperating with impartiality and without bias or prejudice, to debtors, third parties and other credit professionals.
- Exchange appropriate, historical and current factual information to support the process of independent credit decisions.
- Exercise due diligence as required to prevent unlawful or improper disclosure to third parties.
- Disclose any potential conflict in all business dealings.

Further, credit professionals acknowledge the importance of and shall promote the benefits of continued improvement of their knowledge, skills and expertise in business credit. The pursuit of knowledge will support the strategic advancement of the commercial credit function, as it leads businesses to profitability and growth.

NACM-National Education Department Registration Form

Submit to: NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158

I hereby request with the submission of this completed form and non-refundable fee that a file be established in my name by the NACM-National Education Department. The information below will be used only for the tracking and maintenance of your personal, confidential record.

| 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 Zip/Postal Code Country Home Address City State/Province Zip/Postal Code Country Birthday (MM(DD) The Name of My Local MACM Affiliated Association Country Email Address City State/Province Zip/Postal Code Country I/ Birthday (MM(DD) The Name of My Local MACM Affiliated Association Country Email Address City State/Province Zip/Postal Code Country I/ Countentation of CEUs earned to date Accurrent resume or summary of my professional experience Completer my file, Ivilit request that official copies of all transcripts be sent by Universities and/or colleges directly to the NACM-National Education Department, is attached. Charge to: Visa MasterCard American Express Discover Card Card Number Card Security Code Expiration Date [MM/YN) Card Moder's Signature Card Mumber City State/Province Zip/ | Mr./Ms. First Nat | me | Middle or Maiden Name | | Last Name | | |
|---|--|---|--|--------------------------|------------------------------|-------------------|--|
| Business Shipping Address City State/Province Zip/Postal Code Country Direct Business Phone Main Business Phone Zip/Postal Code Country Home Address City State/Province Zip/Postal Code Country Home Phone Personal Email Address Zip/Postal Code Country Bithday (IM/DD) The Name of My Local NACM Affiliated Association Intervention of CEUs earned to date O courrent resume or summary of my professional experience To complete my file, Jinit request that official copies of all transcripts be sent by universities and/or colleges directly to the NACM-National Education Department. Acheck, made payable to NACM-National Education Department. Application Fee: Member: \$175 Non-member: \$350 Discover Card Card Number Card Security Code Explanation Date (MM/YY) Cardholder's Name Cardholder's Signature Zip/Postal Code Country By submitting this application for registration, J fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to the NAC 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 registration and prohibit me | Title | | Business Email Address | | Company | | |
| Direct Business Phone Main Business Phone Home Address City State/Province Zip/Postal Code Country Home Phone Personal Email Address | Business Mailing Ad | ldress | City | State/Province | Zip/Postal Code | Country | |
| Home Address City State/Province Zlp/Postal Code Country Home Phone Personal Email Address | Business Shipping A | Address | City | State/Province | Zip/Postal Code | Country | |
| Home Phone Personal Email Address Birthday (MM/Db) The Name of My Local NACM Affiliated Association I want to establish my personal file with this registration. I have attached to this form (check all that apply): Occumentation of CEUs earned to date A current resume or summary of my professional experience To complete my file, I will request that official copies of all transcripts be sent by universities and/or colleges directly to the NACM-National Education Department Application Fee: Member: \$175 Non-member: \$350 A check, made payable to NACM-National Education Department, is attached. American Express Discover Card Cardholder's Name Cardholder's Signature Improve Card Security Code Expiration Date (MM/YY) Cardholder's Name City State/Province Zip/Postal Code Country By submitting this application for registration, I fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. | Direct Business Pho | one | Main Business Phone | | | | |
| Justified y (MM/DD) The Name of My Local NACM Affiliated Association I want to establish my personal file with this registration. I have attached to this form (check all that apply): | Home Address | | City | State/Province | Zip/Postal Code | Country | |
| I want to establish my personal file with this registration. I have attached to this form (check all that apply): Documentation of CEUs earned to date A current resume or summary of my professional experience To complete my file, I will request that official copies of all transcripts be sent by universities and/or colleges directly to the NACM-National Education Department Application Fee: Member: \$175 A chreck, made payable to NACM-National Education Department, is attached. Charge to: Visa MasterCard American Express Cardholder's Name Cardholder's Signature Credit Card Billing Address City State/Province Zip/Postal Code By submitting this application for registration, I fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. Signature of Applicant Date (MM/DD/DYNY) 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 subsidiari | Home Phone | | Personal Email Address | | | _ | |
| □ Documentation of CEUs earned to date □ A current resume or summary of my professional experience □ To complete my file, 1 will request that official copies of all transcripts be sent by universities and/or colleges directly to the NACM-National Education Department Application Fee: Member: \$175 Non-member: \$350 □ 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 Zip/Postal Code Country By submitting this application for registration, I fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. Signature of Applicant Date (MM/DD/YYYY) | / Birthday (MM/DD) | | The Name of My Local NACM A | Affiliated Association | | | |
| 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 By submitting this application for registration, I fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. Signature of Applicant Date (MM/DD/YYY) 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. | A current rest To complete universities a | ume or summary of my pro my file, I will request that o and/or colleges directly to t | official copies of all transcri he NACM-National Educatio | | | | |
| 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 By submitting this application for registration, I fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. 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. | | | | | | | |
| Cardholder's Name Cardholder's Signature Credit Card Billing Address City State/Province Zip/Postal Code Country By submitting this application for registration, I fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. 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. | | · | | | ress 🛛 Discover Ca | ard | |
| Credit Card Billing Address City State/Province Zip/Postal Code Country By submitting this application for registration, I fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. | Card Number | | | Card Security Code | / Expiration Date (MM/YY) | | |
| By submitting this application for registration, I fully understand that it is for registration purposes only. I further understand that I must meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. Signature of Applicant $\frac{1}{Date(MM/DD/YYYY)}$ | Cardholder's Name | | | Cardholder's Signati | ıre | | |
| meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. Signature of Applicant /////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. | Credit Card Billing A | Address | City | State/Province | Zip/Po: | stal Code Country | |
| 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. | meet further requirements to begin the certification process. By my signature, I agree to subscribe to 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 registration and prohibit me from participating in the professional certification program. | | | | | | |
| Signature of Applicant / / / / / | on behalf of the | National Association of Cre | | • | | - | |
| | Signature of Applica | ant | | //_ Date (MM/DD/YYYY) | | | |

Return completed form to:

NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158 • Fax: 410-740-5574 • Email: education_info@nacm.org

Application for the Credit Business AssociateSM (CBASM) Designation Submit to: NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158



Applicant Information

| Mr./Ms. | First Nan | ne | Middle or Maiden Name | Last N | lame | |
|------------------------|---|---|--|---|---------------------|-------------------------|
| Name as | it Should Aj | ppear on all Correspondence | ce and Certificate | | | |
| Title | | | Business Email Address | | Company | |
| Business | Mailing Add | dress | City | State/Province | Zip/Postal Code | Country |
| Business | Shipping A | ddress | City | State/Province | Zip/Postal Code | Country |
| Direct Bu | siness Phor | ne | Main Business Phone | | | |
| Home Ad | dress | | City | State/Province | Zip/Postal Code | Country |
| Home Ph | ione | | Personal Email Address | | | |
| / Birthday | (MM/DD) | | The Name of My Local NAG | CM Affiliated Association | | |
| und reap Applica | erstand th oply. The a tion Fee: eck, made | nat should I fail to comp application fee is not di D Member: \$270 | ee must accompany this ap olete this process by not tal visible; no part will be refun Non-member: \$54 tional Education Departm MasterCard | king the exam within one ye nded should I not complete | ear of my written a | pproval, I will need to |
| Card Nur | nhor | | | Card Security Code Expire | / | |
| | | | | | | |
| Cardhold | ler's Name | | | Cardholder's Signature | | |
| Credit Ca | rd Billing Ad | ddress | City | State/Province | Zip/Po | stal Code Country |
| Pleases | send all co | orrespondence related | to this application to: | | | |
| 🛛 Hon | ne Addres | s 🛛 | Business Address | | | |
| I plan to | o sit for th | e CBA exam on the follo | owing date: | | | |
| in C | leveland, | exam given at NACM's (OH (paperwork deadli (paperwork deadline: N | ne: April 4) | March 2, 2026 (pape June 7, 2026 exam g St. Louis, MO (pape | given at NACM's Cro | edit Congress in |
| 🗆 Nov | ember 3, 2 | 2025 (paperwork deadl | ine: September 12) | July 20, 2026 (paper November 2, 2026 (| | |



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.
- 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.

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.
- □ 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.
- □ Other applicable Financial Analysis 1 course.

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



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. N | lame of Supervisor | | Supervisor's Title | | |
|--------------|--------------------|------|--------------------|-----------------|---------|
| Company | | | | | |
| Mailing Addr | ess | City | State/Province | Zip/Postal Code | Country |
| Direct Phone | 2 | | 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.

Submit to: NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158



Applicant Information

| Mr./Ms. First Nar | ne | Middle or Maiden Name | Last N | ame | |
|---|--|---------------------------|--|--|---------|
| Name as it Should A | ppear on all Correspondence | and Certificate | | | |
| Title | | Business Email Address | | Company | |
| Business Mailing Ad | dress | City | State/Province | Zip/Postal Code | Country |
| Business Shipping A | ddress | City | State/Province | Zip/Postal Code | Country |
| Direct Business Pho | ne | 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 NACI | M Affiliated Association | | _ |
| registration for I understand understand th | orm, with the appropriat that a non-refundable fe nat should I fail to compl | • | olication. This fee covers th ng the exam within one ye | ne CCRA designati ear of my written a | - |
| Application Fee: | ☐ Member: \$150 | 🛛 Non-member: \$300 | | | |
| □ A check, mad | | onal Education Departme | ent, is attached. | | |
| Charge to: | 🗖 Visa | MasterCard | American Express | Discover C | ard |
| Card Number | | | Card Security Code Expira | _ / tion Date | |
| Cardholder's Name | | | Cardholder's Signature | | |
| Credit Card Billing A | ddress | City | State/Province | Zip/Postal Code | Country |
| Please send all co | orrespondence related to | o this application to: | Home address 🛛 🛛 🛛 | usiness address | |

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



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.
- □ 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.

Financial Statement Analysis 1

- □ NACM-National's online Credit Learning Center course.
- D NACM-National's Certificate Session course taken at NACM's National Headquarters. Indicate dates of attendance.
- 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.

□ Other applicable Financial Analysis 1 course.



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

16

| // | |
|-------------------|--|
| Date (MM/DD/YYYY) | |

□ Check here to opt out of the congratulatory listing published in Business Credit magazine.

Application for the Credit Business FellowSM (CBFSM) Designation Submit to: NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158



Applicant Information

| Mr./Ms. First Nan | ne | Middle or Maiden Name | La | ast Name | |
|-----------------------------|---|--------------------------|---|---|------------------------------|
| Name as it Should Ap | ppear on all Correspondence | e and Certificate | | | |
| Title | | Business Email Address | | Company | |
| Business Mailing Add | dress | City | State/Province | Zip/Postal Code | Country |
| Business Shipping A | ddress | City | State/Province | Zip/Postal Code | Country |
| Direct Business Phor | ne | 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 N | ACM Affiliated Association | | |
| □ I understand t | that I must have earned | the Credit Business Asso | ociate sm (CBA sm) to apply fo | or this designation. | |
| reapply. The a | • | | aking the exam within on unded should I not compl 650 | | pproval, i will need to |
| A check, made Charge to: | e payable to NACM-Nat i □ Visa | ional Education Depart | ment , is attached. □ American Expre | ss 🛛 Discover C | ard |
| Card Number | | | Card Security Code Ex | piration Date | |
| Cardholder's Name | | | Cardholder's Signature | 2 | |
| Credit Card Billing Ad | ddress | City | State/Province | Zip/Po | stal Code Country |
| Please send all co | orrespondence related to | o this application to: | | | |
| Home Address | s 🗆 E | Business Address | | | |
| I plan to sit for the | e CBA exam on the follo | wing date: | | | |
| in Cleveland, | exam given at NACM's C OH (paperwork deadlin (paperwork deadline: M 2025 (paperwork deadli | e: April 4) ay 30) | ☐ June 7, 2026 exa St. Louis, MO (pa | aperwork deadline: Ja m given at NACM's Cre aperwork deadline: Ap perwork deadline: Ma | edit Congress in pril 17) |



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 CBF 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 Ad | dress | City | State/Province | Zip/Postal Code | Country |
| Direct Pho | ne | | Email Address | | |

I hereby apply for admission to the Credit Business Fellow (CBF) Designation. I understand that I must take and pass the CBF 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 (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

Application for the Certified Credit Executive® (CCE®) Designation Submit to: NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158



Applicant Information

| Mr./Ms. First Name | Middle or Maiden N | lame La | Last Name | | |
|--|--------------------------------------|---------------------------------------|--|------------------------------|--|
| Name as it Should Appear on all | Correspondence and Certificate | | | | |
| Title | Business Email Add | lress | 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 Pho | ne | | | |
| Home Address | City | State/Province | Zip/Postal Code | Country | |
| Home Phone | Personal Email Add | lress | | | |
| / Birthday (MM/DD) | The Name of My Lo | cal NACM Affiliated Association | | _ | |
| Application Fee: | to NACM-National Education Dep | er: \$880 partment, is attached. | | | |
| Charge to: 🛛 Visa | □ MasterCard | American Expression | ess 🛛 Discover C | ard | |
| Card Number | | Card Security Code Ex | / xpiration Date | | |
| Cardholder's Name | | Cardholder's Signature | e | | |
| Credit Card Billing Address | City | State/Province | Zip/Po | ostal Code Country | |
| Please send all correspond | ence related to this application to: | : | | | |
| Home Address | Business Address | | | | |
| I plan to sit for the CBA exa | m on the following date: | | | | |
| in Cleveland, OH (pape July 21, 2025 (paperwo | • • | June 7, 2026 exa St. Louis, MO (pa | aperwork deadline: Ja m given at NACM's Cre aperwork deadline: Ap aperwork deadline: Ma | edit Congress in pril 17) | |



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 | |
| I hereby apply for admission to the Certifi | Credit Executive (CCE) Designation one of the plans defined below: (Choose One) | |

- □ Plan A: 125 documented roadmap points and having earned the CBASM and CBFSM
- D Plan B: 125 documented roadmap points, 10 years of experience and having earned a four-year college degree
- D Plan C: 125 documented roadmap points, 15 years of experience and 57 years of age or older
- GSCFM: Upon successful completion of the second year of the Graduate School of Credit and Financial Management
- 🗖 CCP Holder: Holder of the Certified Credit Professional (CCP) Certification of Canada
- Check here if upon receiving the CBF 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 | Supervisor's Title | | | |
|----------------------------|------|--------------------|--------------------|---------|--|--|
| Company | | | | | | |
| Mailing Address | City | State/Province | Zip/Postal Code | Country | | |
| Direct Phone | | Email Address | | | | |

- I understand that I must take and pass the CCE exam before achieving this designation. I also understand that should I earn the CCE designation that I will need to recertify every three years until age 60 or until age 55 and formally retired.
- 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. 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

To submit this Roadmap:

- 1. You must be registered with the NACM-National Education Department.
- 2. Attach the appropriate designation application and fee to this Roadmap.

Please read all instructions carefully before completing this form. Please enter your self-score for each item in the box. Points may be earned in any of the three sections, with no minimum or maximum needed in any one section. Please be sure to sign the Roadmap once completed. It must be signed to be evaluated. Make a copy of your completed Roadmap for your personal records.

| Mr./Ms. | First Na | me | Middle or Maiden | Name | Last Name | /Birthday (MM/DD) | | | |
|------------------|----------|------------------|---|-----------------------------|-----------------------------|-----------------------------------|--|--|--|
| Check tł | ne desig | nation for which | you are applying: | | | | | | |
| CBF ^s | м | 75 Documente | d Roadmap Points, having e | arned the CBA SM | and completed the two cou | rse requirements | | | |
| | • | Plan A: 12 | Plan A: 125 Documented Roadmap Points and having earned the CBA and CBF | | | | | | |
| | | Plan B: 12 | 5 Documented Roadmap Po | ints, 10 Years Exp | erience and having earned a | a four-year college degree | | | |
| | | Plan C: 12 | 5 Documented Roadmap Po | ints, 15 years exp | erience and 57 years of age | or older | | | |
| Sectio | on I | Educatio | n | | | | | | |
| points | _ A. | - | te Degree (40 points) ;ree (30 points) | | | | | | |
| | | - | as earned, then take 1 point NACM-National Education D | | | must be sent by the university or | | | |
| Institut | ion | | | Degree/Major | | Date | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | В. | NACM Formal | Programs (60 points max) | | | | | | |
| points | _ | | use and Credit Congress Cer hool of Credit & Financial Ma | | • | | | | |
| Program | n | | | Location | | Year Completed | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

Submit to: NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158

C. CBF Required Courses (1 point per course/2 points max)

points

Record Business Law and Credit Law courses taken through NACM's Credit Learning Center, an NACM Affiliated Association or college or university. Official transcripts must be received for verification purposes.

| Course Name | Sponsor/Location | Grade | Date |
|-------------|------------------|-------|------|
| | | | |
| | | | |

D. NACM Credit Learning Center and Self-Study Courses (1 point per course/20 points max)

points

points

Self-study courses are taken at your own pace outside of school and are sponsored by NACM, professional associations or organizations. Attach a copy of your course certificate(s) as documentation of your successful completion of each course.

| Course Name | Sponsor/Location | Total Hours/CEUs Earned | Grade | Date |
|-------------|------------------|-------------------------|-------|------|
| | | | | |
| | | | | |
| | | | | · |
| | | | | |
| | | | | |

E. Continuing Education at Conferences, Seminars and Meetings, nationally sponsored Thought Leadership Group participation and Webcast Plus (0.1 point per 1 hour/40 points max)

This includes continuing education at in-person sessions, Webcast Plus webinars and nationally sponsored Thought Leadership Group. All continuing education points are based on session content, session length and your attendance. For every hour of continuing education you receive, you may award yourself 0.1 CEU. If you attended an employer-sponsored session, please attach evidence of your attendance and a copy of the educational offering brochure or meeting notice. Use the supplemental Information section on the last page if more space is needed. You may earn a max of 5 points through Webcast Plus.

| Event Name | Event Sponsor | Location or Webcast Plus | Date | CEU |
|------------|---------------|--------------------------|------|-----|
| | | | | |
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NACM Career Roadmap

Submit to: NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158

| points | F. | | (10 points) urses are completed through your local NACM Affiliated Association. |
|-------------|----|---|---|
| - points | G. | | n (15 points) urses are completed through your local NACM Affiliated Association. |
| points | н. | Achievement of the of the NACM/FO Designation Earned CBA designation (8 points) CBF designation (5 points) CCRA designation (3 points) CICP designation (5 points) | CIB Designations: Date Earned |

Section I Subtotal

Section II Work Experience and Special Interests

A. Work Experience (2 points for each year of experience/40 points max)

points

Points are granted for your business credit and financial management related full-time work experience. Because a maximum of 40 points may be earned, if you have more than 20 years experience in the field, list your most current experience. Please attach a current resume if it is not already on file.

| Employer | City/State/Province | Position/Title | Dates |
|----------|---------------------|----------------|-------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Total number of years experience in credit management:

B. Service as a Mentor (5 points for each mentee/5 points for each mentee-earned certification/30 points max)

points

If you have served as a mentor, please list the name(s) of the people you have mentored. Mentoring can include training or coaching new employees. Please attach a typed 250-word or less statement describing how you served as the mentor to each person listed below. If the individual you have listed as a mentee achieves either the CBA, CCRA, CBF or CCE

| | designation, yo | u may claim 5 points for each ce | rtification your mente | e earned. | | |
|----------------|---|---|--|-------------------------------------|------------------|-------------------|
| Mentee's Name | e | Mentee's Company | Mentee's Telep | hone Number | Mentee's Cer | tification Date |
| C. | If you have taug | oints for each course/15 points ht (full or part-time) at a degree ction. Please attach copies of the ice by letter. | -granting institution o | | | |
| College/Univer | rsity | Location | | Title of Course | Taught | Year |
| D. | If you have beer session. Please a brochure, mee | eaker (1 point for each speaking n a panelist or speaker at a live e list different speaking engageme eting notice or a letter from the e Session Name | event or webinar, you n ents separately. Please | nay award yourse attach document | ation of each it | • • • |
| | | | | | | |
| points E. | (5 points for eac The article mus appear in in-ho | hed or Published Interviews Q th article/2 points for each interv t be published and pertain to cre use publications, newsletters or a copy of the article(s) to this for | view/20 points max) edit, finance or busines Business Credit magaz | zine. Unpublished | papers and ma | anuscripts do not |
| Publication Na | me | Tit | tle of Article | | | Date |
| | | | | | | |
| | | | | | | |

F. Career or Professional Accomplishments (5 points max)

points

points

Please describe special career accomplishments for consideration in this section. You may describe any work, procedure, policy or accomplishment for which you have been personally responsible. The accomplishment must be related to an improvement in the business credit and financial management field. If necessary, describe the item for special consideration on a separate sheet and attach it to this form.

G. Volunteer and Community Service (1 point per year/5 points max)

List any religious, civic, fraternal or charity work you have performed. Please provide details below.

Section II Subtotal

Section III National, Local and Regional Participation

Participation points include national, regional NACM Affiliate activities and local CFDD Chapter activities. This section may be sent to the appropriate NACM or CFDD representative for verification.

A. Volunteer National and Local Executive Service (60 points max)

points

Service on an NACM Affiliate of National Board of Directors, a Committee, a Work Group, nationally sponsored Thought Leadership Groups or Task Force. Only list services within the past five years. (5 points per year of service)

| Sponsor | Board/Committee/Group Name | Position | Term Served | Points |
|---------|----------------------------|----------|-------------|--------|
| | | | | |
| | | | | · |
| | | | | |
| | | | | |
| | | | | |

B. Attendance at Nationally, Regionally or Locally Sponsored Educational Events (75 points max)

points

List events attended within the past 5 years. If necessary, list additional events on a separate sheet and attach. • Participation in National Events (5 points each)

• Participation in Regional or Local Events (3 points each)

| ponsor | | | Event Name | Location | | Date |
|--------|----|--|---|---|-----------------------|----------------|
| | | | | | | |
| points | C. | List the sponsored | l webinars, Webcast Plus, and nat nust be the registered participant | ught Leadership Group (1 point ionally sponsored Thought Leader to receive points. Your name will b | ship Group in which | - |
| oonsor | | | Event Name | Speaker Nam | e | Date |
| points | D. | Industry Credit of Points are awarde | - | y credit groups. Must be within the | past 5 years. If nece | ssary, list |
| | | Participation in Service as a loca | | | | |
| | | | | | | |
| | Ε. | Honors, Awards | and Achievements (1 point p | per award) | | |
| points | E. | List any national, l awards must be re Executive of the Ye | ocal or regional awards received lated to the field of business cred | p er award) or presented personally to you dur lit and financial management. Exar Year. Please attach either a copy o | nples are National o | r Local Credit |

NACM Career Roadmap

Submit to: NACM Education Dept., 8840 Columbia 100 Parkway, Columbia, MD 21045-2158

F. Contributions to Business Credit Magazine (2 point per article)

points List Business Credit articles that you have contributed to in the last five years. Attach a copy of the article(s) to this form. **Article Title Publication Date G.** Participation in National Surveys (.1 point per each survey instance/10 points max) points List any nationally sponsored surveys in which you participated in the last five years (e.g., Credit Managers' Index, Business Credit Compensation Study, NACM Monthly Survey, etc.). Number of Instances **Survey Name** H. Corporate Accounts Receivable Data Sharing/Contribution (2 points per year/10 points max) points If your company contributes its Accounts Receivable Data to an NACM Affiliate credit reporting database, your company is contributing to the welfare of the business community. Two participation points per year for full file contribution. Name of NACM Affiliate Receiving Your Data Contribution **Dates of Contribution** Section III Subtotal **Roadmap Summary** Total Section I Points Total Section II Points Total Section III Points

Total Roadmap Points

I hereby submit this Career Roadmap for evaluation and verification by the NACM-National Education Department. I fully understand that the Department will verify the claims made for points herein. I understand that any false statement or misrepresentation that I make in the course of these proceedings may result in the revocation of this application and prohibit me from participating in the professional certification program.

Signature of Applicant

| / | /_ | |
|----------|-----------|--|
| Date (MM | /DD/YYYY) | |

Supplemental Information

NACM Exam Retake Form

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 a | 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 plan on attempting a designation exam on the date indicated below. I have completed this form as notification of my intent and will return it along with the accompanying non-refundable fee by the paperwork deadline for the specified exam date. I understand that all exam fees must be paid prior to attempting the exam. I further understand that I have up to three years from the date of my written confirmation to pass the exam and that after this time I will have to reapply. The exam will be given at my local Affiliate office, unless special advanced arrangements have been made. I have notified my Affiliate office to confirm my status and time to attempt the exam.

□ If there is a need to reschedule the exam date, I will notify the NACM-National Education Department in writing via mail or fax two weeks prior to my original selected exam date. I understand that if I do not reschedule my exam appointment and fail to show up to take the exam, I will be subject to a rescheduling/no-show fee.

Exam Date:

| □ May 18, 2025 exam given at NAC | M's Credit Congress | March 2, 2026 (paperwork deadline: January 9) | | | |
|--------------------------------------|--|---|--|--|--|
| in Cleveland, OH (paperwork de | adline: April 4) | 🛛 June 7, 2026 exam gi | June 7, 2026 exam given at NACM's Credit Congress in | | |
| July 21, 2025 (paperwork deadli | ne: May 30) | St. Louis, MO (paper | St. Louis, MO (paperwork deadline: April 17) | | |
| □ November 3, 2025 (paperwork d | eadline: September 12) | 🛛 July 20, 2026 (paper) | July 20, 2026 (paperwork deadline: May 29) | | |
| | | November 2, 2026 (p | aperwork deadline: September 11) | | |
| Exam to be taken: (Choose one) | □ CBA sm (\$99) □ CBF ^{sn} | ″ (\$99) □ CCE® (\$125) | | | |
| A check, made payable to NACM | -National Education Depart | ment, 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 | 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

□ 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

Credit Learning Center Self-Paced Courses

Business Credit Principles

The Business Credit Priciples course is presented online in NACM's Credit Learning Center as a collection of 29 individual 50-minute audio/visual presentations given by 13 different carefully selected, expert instructors. The course material corresponds to the NACM text, *Principles of Business Credit, Eighth Edition.* (A complimentary copy of the text is included with the purchase of the course.) Upon successful completion of this online, independent study course, you should understand the role of credit in financial management, the components of effective credit department systems and procedures, specific government regulations that pertain to business credit, credit policy procedures, selling terms, negotiable instruments, the Uniform Commercial Code, credit investigations, financing and insurance, business credit fraud, factors associated with credit limits, out-of-court settlements and bankruptcy.

*This course satisfies the CBASM Business Credit Principles course requirement.

Financial Statement Analysis 1

The <u>Financial Statement Analysis 1</u> course is available in NACM's Credit Learning Center as 6 individual 50-minute audio/visual presentations presented by Professor Emeritus Frederick Scherr. Students read the accompanying text, *Understanding Financial Statements, NACM Custom Edition* which is included with the purchase of the course.

This is an introductory course in financial (accounting) statements and their analysis. It reviews the basic financial statements, quality issues in using these statements, and the analysis of these statements for the purposes of making credit decisions.

The course includes analysis of financial statements issued by companies using simple ratio analysis techniques and analysis of the statement of cash flows. The course presents the content and purpose of financial statements and analytical techniques used to evaluate the operating efficiency, profitability and financial risk of a firm.

*This course satisfies the CBASM and CCRASM Financial Statement Analysis 1 course requirement.

Credit Law

The Credit Law course is available in NACM's Credit Learning Center as 23 individual modules presented by Mr. Rod Wheeland. Students will use the two accompanying textbooks, *Manual of Credit and Commercial Laws* and *Business Law Today*. This course is designed to teach the student about the various legal aspects of business credit. Module topics include: Business Organizations, Commercial Transactions, and Government Regulation and Compliance.

*This course satisfies the CBFSM Credit Law requirement.

Online Facilitator-Guided Self-Study Courses

The NACM-National Education Department offers three facilitator-guided, self-study courses online: Basic Financial Accounting, Business Law and Credit Law. These courses are presented in three sessions throughout the year, typically beginning in January, May and September. Upon successfully completing these 10 to 15-week courses with scores of 70 percent or higher, students receive certificates of achievement and earn course equivalency toward CBASM, CCRASM and CBFSM designation requirements.

Online Accounting

This course presents an introduction to basic financial accounting. Students begin at square one, learning the foundation of accounting principles. As the language of business, accounting is essential to business professionals.

*This course satisfies the CBASM and CCRASM Basic Financial Accounting course requirement.

Business Law

With the legal environment of business constantly changing, it is imperative to have a solid understanding of the laws that affect business and credit. This course is designed to introduce students to the basics of law, the legalities of contracts, and the emerging importance placed upon laws affecting cyber crimes.

*This course satisfies the CBFSM Business Law course requirement.

Credit Law

A continuation of the Business Law course, Credit Law looks more closely at negotiable instruments, debtor-creditor relationships, antitrust laws and bankruptcy issues.

*This course satisfies the CBFSM Credit Law requirement.

For more information or to access a registration form, please visit NACM-National's website at www.nacm.org and select "Education" or call 410-740-5560.

NACM Bookstore



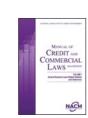
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Manual of Credit and Commercial Laws, 2020 Edition, Four Volume Set Price *CBFSM, CCE®



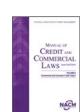
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Business Law Today, 13th Edition Miller Textbook <u>Price</u> *CBFSM



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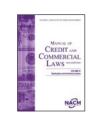
Credit Management: Principles and Practices, 4th Edition Dr. Charles L. Gahala, CCE <u>Price</u> *CBASM, CCE[®]



Manual of Credit and Commercial Laws, 2023 Edition, Volume III Price *CBFSM, CCE[®]



Principles of Business Credit, 8th Edition Textbook Price *CBASM



Manual of Credit and Commercial Laws, 2020 Edition, Volume IV Price *CBFSM, CCE[®]

* Recommended study texts



Understanding Financial Statements, 11th Edition Lyn Fraser and Aileen Ormiston Textbook <u>Price</u> *CCRASM, CBASM and CCE[®] Pricing and title availability on all textbooks are subject to change without prior notice. Please check our website, <u>www.nacm.org</u>, or call 410-740-5560 for current pricing information, return policy or general questions.

National Association of Credit Management 8840 Columbia 100 Parkway Columbia, MD 21045-2158 Phone: 410-740-5560 Fax: 410-740-5574 Email: <u>Book_store@nacm.org</u> Web: <u>www.nacm.org</u>



Professional Certification Program Test Dates

Exam Date

Sunday, May 18, 2025 (Credit Congress, Cleveland, OH)

Monday, July 21, 2025

Monday, November 3, 2025

March 2, 2026

June 7, 2026 (Credit Congress in St. Louis, MO)

July 20, 2026

November 2, 2026

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Paperwork Deadline

Friday, April 4, 2025

Friday, May 30, 2025 Friday, September 12, 2025

January 9, 2026

April 17, 2026

May 29, 2026 September 11, 2026

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