

**CAAM® CERTIFICATION PROGRAM  
 DESIGNATION CONVERSION APPLICATION**

**CAASPTM DESIGNATION TO  
 CERTIFIED ARIZONA ASSOCIATION MANAGER (CAAM®)  
 DESIGNATION**

**APPLICANT INFORMATION**

Last Name	First Name	Middle Initial
If CAASPTM Designation received under a different name, please indicate former name.	CAASPTM Certificate Number	
Business Name	Residence Address, City, State, ZIP	
Business Address, City, State, ZIP	Personal Email Address	
Business Email Address	Residence Telephone	
Business Telephone	Mobile Phone	
AACM ONLY USES YOUR PERSONAL INFORMATION FOR CONTACT PURPOSES – THIS WILL NOT BE SHARED.		

**COMMUNITY MANAGEMENT EXPERIENCE**

<b>Eligibility Requirement:</b> A CAASPTM Designation may be eligible for conversion to a CAAM® Designation after the applicant has performed the daily duties of a community manager for no less than the six-(6) month period immediately prior to the application date.																						
Direct Experience as Community Manager (not support staff)	Name/Title of Immediate Supervisor																					
<input type="checkbox"/> Immediate Past 6 Months? <b>Total:</b> Years    Months																						
Types of Association(s) You Manage:	Indicate your main support function(s) and % of time spent:																					
<table border="0"> <tr> <td></td> <td align="center">Total # of Units</td> <td align="center">Number of Months Managed by You</td> <td></td> </tr> <tr> <td>Condominium</td> <td align="center">_____</td> <td align="center">_____</td> <td><input type="checkbox"/> Association Manager _____ %</td> </tr> <tr> <td>Planned Communities</td> <td align="center">_____</td> <td align="center">_____</td> <td><input type="checkbox"/> Supervisor of other Association Managers _____ %</td> </tr> <tr> <td>Other</td> <td align="center">_____</td> <td align="center">_____</td> <td><input type="checkbox"/> Supervisor of non-community managers _____ %</td> </tr> <tr> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Other _____ % Describe: _____</td> </tr> </table>		Total # of Units	Number of Months Managed by You		Condominium	_____	_____	<input type="checkbox"/> Association Manager _____ %	Planned Communities	_____	_____	<input type="checkbox"/> Supervisor of other Association Managers _____ %	Other	_____	_____	<input type="checkbox"/> Supervisor of non-community managers _____ %				<input type="checkbox"/> Other _____ % Describe: _____		
	Total # of Units	Number of Months Managed by You																				
Condominium	_____	_____	<input type="checkbox"/> Association Manager _____ %																			
Planned Communities	_____	_____	<input type="checkbox"/> Supervisor of other Association Managers _____ %																			
Other	_____	_____	<input type="checkbox"/> Supervisor of non-community managers _____ %																			
			<input type="checkbox"/> Other _____ % Describe: _____																			

**DISCIPLINARY ACTIONS**

If you answer "yes" to any of the questions below, please attach a detailed explanation.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Have you been involved in a conviction, or plea of guilty or no contest, in a criminal proceeding involving a felony if the conviction or plea occurred within 10 years before the date of this application?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been involved in a final decision (no longer subject to appeal) by a court in a civil proceeding finding that you were responsible for misrepresentation, dishonesty, fraud, violations of fiduciary duty, misappropriation of funds or property, or other serious misconduct if the decision became final within 5 years before the date of this application?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been refused bonding, fidelity or crime insurance, or experienced cancellation or suspension of any such coverage (other than for non-payment of premiums) if the refusal occurred within 5 years before the date of this application?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been involved in suspension or revocation of any of your professional licenses or certifications if the suspension or revocation occurred within 5 years before the date of this application?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been involved in disciplinary action by any licensing or regulatory agency or any industry association that results in suspension or revocation of professional or membership privileges if the disciplinary action occurred within 5 years before the date of this application?

Per CAAM® Certification Program Standards, all CAAM®-certified individuals must disclose the answers to these questions annually to maintain CAAM® Certification.

**DESIGNATION CONVERSION APPLICATION**  
**CAASP™ DESIGNATION TO**  
**CERTIFIED ARIZONA ASSOCIATION MANAGER (CAAM®)**  
**DESIGNATION**

After AACM approval of this application, Applicant will receive a new CAAM® certificate bearing the CAAM® Designation and will be held responsible for all present and future requirements associated with the CAAM® Designation.

**ACKNOWLEDGEMENT**

**This application is submitted to AACM with the understanding that:**

1. AACM will use the information provided in judging the Applicant's eligibility for the CAAM® Designation.
2. Applicant will promptly provide any additional information that AACM requests.
3. The information provided is complete and correct to the best of the Applicant's knowledge.
4. AACM will use reasonable efforts to keep the information confidential, except as may be required to process and review the application or if AACM is ordered by an authority having jurisdiction (such as a court, arbitrator or government regulator) to disclose the information.
5. Applicant has truthfully answered all questions contained in the application and has accurately disclosed all information requested in, or relevant to, the application.
6. Applicant consents to any investigation AACM deems necessary as part of its evaluation for this application. Applicant consents to AACM's completion of criminal background checks, civil litigation searches, credit report and credit score reviews, third-party interviews and other information gathering (the "background reviews"), to the extent AACM deems such background reviews necessary or appropriate. Applicant acknowledges that AACM may carry out background reviews either when objective information in the application raises questions or on a random basis.
7. Applicant releases any claim Applicant might otherwise have against AACM or any third party arising out of any information or comment furnished to AACM in connection with this application or any background review. All information supplied by third parties will be deemed privileged and will not establish a basis for any action by the Applicant for slander, libel, defamation of character or any other damage and Applicant specifically releases all such claims.
8. Applicant waives any and all claims against AACM, its officers, directors, employees, agents, attorneys, committees and members arising out of any act or omission in connection with the consideration, rejection or acceptance of this application, the completion of any background reviews, or any act or omission by AACM in disappointing the Applicant if the application is not approved, including any suspension or expulsion of the Applicant as a CAAM® program participant.
9. Applicant agrees that AACM will be solely responsible for accepting or rejecting this application and that the decision of AACM's Board of Directors with respect to the Application is final and not subject to any appeal. Applicant further agrees that AACM will be solely responsible for deciding any other matters or sanctions arising in connection with this application and that the decision of AACM's Board of Directors with respect to such matters is also final and not subject to appeal.
10. Applicant acknowledges that, if the application is accepted, Applicant (as well as each other person certified in the CAAM® Certification Program) has the duty and responsibility to arbitrate controversies arising out of management contracts and the community association management business as specified in the Code of Professional Ethics and Standards of Practice.

Applicant's signature below verifies the accuracy of this application and acknowledging that Applicant has read and agrees to the terms stated above, and authorizes AACM to conduct any background review it deems necessary to verify all items stated in this application.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_

Signature of **EMPLOYER** verifying accuracy of information contained in this application is **REQUIRED** to convert to CAAM® designation.  
(If unattainable, attach separate sheet with specific explanation.)

**Employer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Print Name** \_\_\_\_\_ **Title** \_\_\_\_\_

Please email this application to [Leigh@aacm.com](mailto:Leigh@aacm.com). Thank you for your support of AACM and the CAAM® Certification Program.