

CMCA RETIRED STATUS APPLICATION

The Community Association Managers International Certification Board (CAMICB) offers retired status for those who hold up-to-date Certified Manager of Community Associations (CMCA) credentials and are no longer actively managing communities but remain interested in highlighting their continuing commitment to professionalism in the field.

Qualified individuals who are retired from the profession and are interested in honoring their years of commitment and service can showcase their credential as **CMCA (Ret.)** in print and online next to their names. Retired CMCA's pay a reduced annual service fee of \$25 and are exempt from continuing education requirements.



Please read and complete each section fully and accurately to be considered for the CMCA (Ret.) status.

APPLICANT NAME: _____

HOME ADDRESS:

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

E-mail: _____

ELIGIBILITY

1. Have you ever had a license, certification, registration or permit to practice any regulated profession revoked, suspended, relinquished or withdrawn?
 Yes No *If "yes," submit statement of explanation and relevant information, including court document(s).*
2. Are you currently an active CMCA credential holder in good standing?
 Yes No
3. Are you fully (100%) retired from practicing or consulting as a community association manager?
 Yes No

REQUIREMENTS & POLICIES

1. An individual must pay an annual service fee to maintain the CMCA (Ret.) designation.
2. An individual must designate themselves as a CMCA (Ret.) and may not designate themselves as a CMCA.
3. An individual choosing to re-enter the field of community association management is subject to all CMCA reinstatement requirements, including payment of fees, completion of continuing education requirements, and, in some cases, may be required to retake the CMCA examination.
4. An individual is not required to complete continuing education to maintain the CMCA (Ret.).



I hereby apply for the CMCA (Ret.) certification. I understand this certification depends on the successful completion of specific requirements and that the following policies apply:

1. I have read and acknowledge the above CAMICB CMCA (Ret.) Requirements and Policies.
2. To the best of my knowledge, the information in this application is correct and complete.
3. I acknowledge that CAMICB reserves the right to verify information on this application.
4. I agree to abide by the [CMCA Standards of Professional Conduct](#) and understand that alleged violations of the *Standards*, including incorrect, fraudulent or misleading information on this application, may prompt a review under CAMICB administrative procedures.
5. I acknowledge that the information accrued in the certification process may be used for statistical or other purposes by CAMICB. The information in my records will be treated confidentially, except as otherwise provided by law.

Applicant's Signature: _____ Date: _____

Please print/type your name as you wish it to appear on your Certificate

A violation of the [Standards of Professional Conduct](#) may be grounds for administrative action and possible revocation of the CMCA (Ret.) status by CAMICB. These *Standards* are enforced through a process outlined in the [Standards of Professional Conduct Enforcement Procedures](#). For additional information, please visit [CAMICB.org](#) or contact CAMICB for the [CMCA Standards of Professional Conduct Code Clarification](#) document.

PAYMENT METHOD

- My check is enclosed in the amount of \$25 made payable to CAMICB.
- I authorize CAMICB to charge the credit card below in the amount of \$25 for the Annual Service Fee.

Visa MasterCard Discover American Express

Card Number: _____ Expire Date: _____

Cardholder Name: _____

Cardholder Signature: _____

Please send completed application and payment to:

CAMICB
6402 Arlington Blvd., Ste. 510
Arlington, VA 22042
Toll Free: 1.866.779.CMCA Main: 703.970.9300 Fax: 1.800.845.4394
E-mail: cmca@camicb.org