

## CONTINUING EDUCATION COURSE PROVIDER APPLICATION

### OVERVIEW

Credentialing has become a strong focus within the community association management profession. CAMICB's certification program requires the Certified Manager of Community Associations® (CMCA) to achieve ongoing continuing education to maintain their certification.

### REQUIREMENTS FOR APPROVAL

- **Course presentations with organizational logos on each slide will not be accepted.**
- Providers must complete a separate Continuing Education Course Provider Application for each course. Incomplete applications will not be accepted.
- Courses offered on an ongoing basis will receive approval for two years.
- Retroactive approval is not granted.
- Providers must maintain records of student attendance for each approved course for a period of five (5) years.
- Within 45 days of the course offering, providers are required to email a list of attendees in an Excel spreadsheet or similar electronic format that includes full name, company, phone number, email address, and CMCA status to [info@camicb.org](mailto:info@camicb.org). Courses delivered in electronic or virtual format must also include the date and time the attendee logged into the course, the duration of their time logged into the course, and when they logged out.
- Any changes to the course after approval is granted must be reported to CAMICB within 30 days.
- Self-promotion or sales of any kind will not be permitted.

Coursework approved by a state regulatory agency for community manager licensing requirements will be approved for CMCA recertification continuing education credit. Please submit proof of state approval with the Continuing Education Course Provider Application.

### REVIEW PROCESS

CAMICB staff reviews all application packets received and will follow up if any additional information or clarification is needed. The application will be reviewed monthly by a subject-matter review committee. Correspondence will be sent via email to the applicant upon completion of the review process with information regarding whether the course was approved or not approved.

#### CONTINUING EDUCATION REVIEW COMMITTEE SCHEDULE

Course Submission Deadline	Meeting Schedule
January 9, 2019	January 16, 2019
February 6, 2019	February 13, 2019
March 6, 2019	March 13, 2019
April 3, 2019	April 10, 2019
May 1, 2019	May 8, 2019
June 5, 2019	June 12, 2019
July 3, 2019	July 10, 2019
August 7, 2019	August 14, 2019
September 4, 2019	September 11, 2019
October 2, 2019	October 9, 2019
November 6, 2019	November 13, 2019
December 4, 2019	December 11, 2019



Community Association Managers  
International Certification Board

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### PROVIDER INFORMATION

Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### COURSE INFORMATION

Course Title: \_\_\_\_\_

Description of Program: \_\_\_\_\_

Classroom  On-Demand Webinar\*  Live Webinar\*  Other \_\_\_\_\_

\*Will your virtual platform track student attendance?  Yes  No  Other (explain): \_\_\_\_\_

Program Date(s): \_\_\_\_\_ Location(s): \_\_\_\_\_

Hours of Instruction: \_\_\_\_\_ Credit Hours Requested: \_\_\_\_\_ Course Fee: \_\_\_\_\_

Course previously approved? Yes  No  Date of prior approval by CAMICB: \_\_\_\_\_

Changes made since previous approval: \_\_\_\_\_

Has this course been approved by a state regulatory agency for community manager licensing? Yes  No

If yes, please attach proof of agency approval.

### COURSE MATERIALS REQUIRED FOR APPROVAL

Submit **one** Adobe PDF with the following information about the course **including the completed application**. Use the Bookmark feature to identify pages within the document.

- Detailed outline and/or course syllabus, including learning objectives
- Copy of student handouts and/or course materials
- Copy of the presentation materials (i.e., MS PowerPoint)
- Copies of existing advertising and proposed advertising, along with cancellation and refund policies
- Speaker biography, with qualifications to teach the topic (not a resume) and speaker contact information

**Submit materials in one bookmarked Adobe pdf document to [info@camicb.org](mailto:info@camicb.org). Incomplete or improperly formatted courses will not be accepted.**

### PROVIDER ATTESTATION

In submitting this application for course approval, I attest that all information and materials provided are accurate and truthful. I further understand that all credentialed managers with CAMICB are eligible to receive continuing education credits for attending this program. I have reviewed the above requirements and agree to all terms. I also understand it is our responsibility to provide attendees with a Certificate of Attendance at the program site, and to submit a list of attendees to CAMICB within 45 days of the completion of each program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_