

CMCA<sup>®</sup>  
Certified Manager of Community Associations

Retake

# CMCA<sup>®</sup>

**Certified Manager of Community Associations**

CMCA- The Essential Credential<sup>™</sup>

## **RETAKE APPLICATION**

Please read and complete each section fully and accurately in clear legible handwriting or type. The *CMCA Handbook* and the *CMCA Study Guide* are available online for download at [www.camicb.org](http://www.camicb.org)

Name \_\_\_\_\_

Please complete and mail, fax or email application to:

CAMICB  
c/o SunTrust Bank  
P.O. Box 791037  
Baltimore, MD 21279-1037  
Toll Free: 866.779.CMCA  
Main: 703.970.9300  
Fax: 1.800.845.4394  
E-mail: [cmca@camicb.org](mailto:cmca@camicb.org)

*Receipt of your application will be acknowledged within three weeks.*

**APPLICANT INFORMATION**

APPLICANT NAME (must be the same name and address as on your government-issued photo ID)

Mr.  Mrs.  Ms. First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

E-mail \_\_\_\_\_

**CMCA EXAMINATION DATES AND DEADLINES**

**COMPUTER-BASED FORMAT**

**YES!** I want to take the CMCA examination in the computer-based format at a Pearson VUE testing location. I understand I will have one year from the date my application is approved to sit for the CMCA examination.

CAMICB will send you an Authorization to Test letter (ATT) when your application is approved, approximately three weeks from the time of submission. Your ATT will have specific instructions on how to contact Pearson VUE to schedule your examination date and time.

**PAPER-AND-PENCIL FORMAT**

**YES!** I want to take the CMCA examination in the paper-and-pencil format. I've indicated my site preference below:

**Location:** I want to take the CMCA examination at the following location. *Please select 1st and 2nd choice.*

1 \_\_\_\_\_

2 \_\_\_\_\_

**Date:** I want to take the CMCA paper-and-pencil examination on the following date below. *Select one:*

Examination date	Application deadline
2017: <input type="checkbox"/> March 3	February 1
<input type="checkbox"/> May 3 (Las Vegas, NV)*	April 1
<input type="checkbox"/> June 2	May 1
<input type="checkbox"/> September 8	August 1
<input type="checkbox"/> December 1	November 1

\*Examinations are held at the CAI Annual Conference only.

CAMICB will send you an Authorization to Test letter (ATT) one month prior to your examination date. Your ATT will have specific information regarding your examination proctor and location.

**LOCATIONS for PAPER -AND -PENCIL EXAM**

*U.S. Locations\*:*

AZ	Phoenix, Tucson
CA	Los Angeles, San Francisco, Santa Ana
CO	Colorado Springs, Denver
CT	Hartford
DC	Metro Area
FL	Miami, Orlando
GA	Atlanta
HI	Honolulu
IL	Chicago, Roselle
MA	Wellesley
MD	Baltimore
MI	Ann Arbor, Detroit
MO	Kansas City, St. Louis
NC	Raleigh
NJ	Princeton
NV	Las Vegas, Reno
OH	Cincinnati, Columbus
OR	Portland
PA	Philadelphia
TN	Nashville
TX	Austin, Dallas, Houston
VA	Falls Church, Virginia Beach
WA	Kirkland
WI	Milwaukee

\*If you do not see a city near you listed, please contact us at [info@camicb.org](mailto:info@camicb.org).

*Outside the US: Policies & dates may vary for international candidates.*

Queensland, Australia	Dubai, United Arab Emirates
Johannesburg, South Africa	Bermuda
Cabo San Lucas, Mexico	

\*If you have special needs that require modification of the CMCA examination, attach specific details and requirements.

Have you ever been convicted of a felony or misdemeanor?

Yes  No If "yes," submit statement of explanation and relevant information including court document(s).

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).

Further, if any circumstance changes my answer to any of the questions above, including but not limited to a felony conviction, entry of a plea of nolo contendere in a felony case, or revocation of a state or professional credential or license I will notify CAMICB by providing a written statement and detailed explanation within 30 days of the event in question. I will address the statement and detailed explanation to: CAMICB, 6402 Arlington Blvd., Suite 510, Falls Church, VA 22042 or [info@camicb.org](mailto:info@camicb.org)

*Applicant understands that this application will be considered an addendum to the original application submitted.*

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

## PAYMENT METHOD

Candidate Name: \_\_\_\_\_

Computer-Based Retake Format: \$250

Paper-and-Pencil Retake Format: \$300

Check enclosed made payable to CAMICB (Check # \_\_\_\_\_)

Visa

MasterCard

Discover

AMEX

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Signature \_\_\_\_\_

*Application fees are nonrefundable.*

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**CAMICB<sup>SM</sup>**

Community Association Managers  
International Certification Board

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Falls Church, VA 22042  
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