

** FILL OUT AND RETURN TO ACMA - Fax 403-541-0915 **

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10 YEAR EXPERIENCE APPLICATION TO WRITE THE RCM EXAM

Name	of Applicant:	Employer:
Addres	S:	
Teleph	one - Business:	Telephone Residential:
E Mail	Address:	# of Years as a full-time Condominium Property Manager
		ubmit up-to-date curriculum vitae or resume clearly indicating the level of experience ninium property manager.
are req	uired to take the NA	RCM exam and achieve an overall grade of at least 75%. If an applicant fails any subject area in the RCM exam, they ACM course in that subject area, or write the Challenge exam in that area. If an applicant elects to write the it is mandatory that they successfully complete the NACM course in that subject area.
Please	note:	
There a	are no exemptions g	granted for educational courses completed that are not NACM courses.
All appl	licants, regardless o	f experience level, are required to become Members of NACM in order to be eligible to write the RCM exam.
If appli	cants fail the RCM e	exam, they are permitted two rewrites.
All appl	licants are required	to pay applicable course, exam and membership fees.
γ		ed, understand that the granting of this exemption(s) is at the sole and unfettered discretion of the NACM Board uation of the foregoing information.
γ	I, the undersigne accurate as of the	d, hereby confirm that the foregoing information together with any enclosures or additional information are true and e date hereof.
γ	challenge exam,	t the opportunity to write any challenge exam may only be granted once. I understand that after writing the if I am unsuccessful in obtaining the required passing grade, I shall be required to complete the requisite NACM ling to the RCM designation, if I choose to obtain my RCM.
γ		n completion of the Challenge Exam, I shall be required to write and pass the RCM exam and fulfill all related preceive the RCM designation.
		nsents to NACM utilizing personal information for the purpose outlined therein including for the purpose of icing, creating a list of members, advising the party of information that may be of interest to him/her.
γ	I hereby consent	to NACM's use of my personal information for the purpose of promoting me as a member of NACM.
	Date	Signature of Applicant