

Application for Council Record/Certificate

CSB WILL ESTABLISH A FILE NUMBER UPON SUBMISSION OF THE INDIVIDUALS APPLICATION ONLY: CSB File No. _____

Applicants may complete this form online. Print completed application. Save a copy for your records.

Mailing instructions appear on page 7 of this Application.

Application Type (check one): BECCP Plan, CCPTS Plan* or IDP Plan**

Application For (check all that apply): CCP CPC

Name in Full: Mr. Mrs. Ms. _____

Birth Date: _____ Application Date: _____

Business Address: Firm Name: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Residence Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Address for correspondence: Business Residence Daytime Telephone: (_____)_____

E-mail Address: _____ Other Telephone: (_____)_____ Type: _____

Contact Preference: Mail E-mail Fax Fax: (_____)_____

* If a candidate desires to enroll in the Comprehensive Credit Professionals' Training Series, successfully completes one or both CCP or CPC modules and then work in credit and/or collection a minimum of one (1) year each, the Candidate has a fast track to accreditation as a CCP and/or CPC.

** If a candidate has less than five (5) years of experience in business credit or less than five (5) years experience in business collection, check the IDP Plan box. IDP Training record materials will be sent. (Intern Development Program)

A. Registration/History

1. Jurisdiction Registration: (Check Your Credit Associations Location)

BCMA ~ NEW BERLIN, WI CMA ~ LAS VEGAS, NV

MSCCM ~ DENVER, CO NACS ~ OVERLAND PARK, KS SWBCS ~ PHOENIX, AZ

2. List all other registrations (with registration number if applicable and date acquired) in which you currently hold or have previously held a registration in an accreditation or credentialing program.

Specify or List the Profession below:

Specify or indicate credential and/or license below:

1.	
2.	
3.	

3. Have you ever been denied registration? Yes No

4. Has your registration ever been suspended or revoked? Yes No

5. Have you ever surrendered or allowed your registration to lapse in any of the programs listed?
 Yes No

Name: _____

EXAMS TAKEN FOR CREDENTIALING

B. Examination History

Describe or provide name of exam(s) taken and date.

Exams completed

Identify profession or source & date:

- Professional Exam taken: _____
- Professional Exam taken: _____
- Professional Exam taken: _____
- Other Written Exam taken: _____
- Other: _____

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C. Education History

1. High School Attended	Dates of Attendance (From-To)	Highest Grade Completed	Year Graduated

2. Colleges, Universities and Technical Schools Attended	Dates of Attendance (From-To, Month-Year)	Full Name of Degree Received* **	Date Degree Received (Month-Day-Year)

****Specify major in which degree was earned. **If no degree, indicate total credit hours earned, specify using semester or quarter system.***

Name: _____

D. Experience Employment Training History

Give the full name and complete address of each employer. Include all periods so that no gaps appear in the chronological listing. Begin with first employer. List each period of continuous employment separately even if for the same employer. If any of the conditions of employment change (i.e., full-time/part-time status, type of firm), list each period separately.

Employer/Firm Name: _____

Employer Address: _____

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Dates of Employment						Length of Time		Status: Reported to; Check Appropriate Category					Type of Firm Check Appropriate Category					
FROM			TO			FULL TIME	*PART-TIME (LESS THAN 35 HRS PER WEEK)	EMPLOYEE W/ CREDIT/COLLECTION SUPERVISOR	EMPLOYEE W/OUT CREDIT/COLLECTOR SUPERVISOR	CPA	CFO/TREASURER CONTROLLER OTHER	SELF-EMPLOYED	MANUFACTURER	WHOLESALE	BANKING	SERVICE INDUSTRY	TEACHING OR RESEARCH	OTHER**
M	D	Y	M	D	Y	✓	HOURS/WEEK											

Current or Last Job Title @ Employer: _____

Describe or list three (3) Primary Responsibilities while in this position:

1.
2.
3.
Other Comments:

Employer/Firm Name: _____

Employer Address: _____

Dates of Employment						Length of Time		Status: Reported to; Check Appropriate Category					Type of Firm Check Appropriate Category					
FROM			TO			FULL TIME	*PART-TIME (LESS THAN 35 HRS PER WEEK)	EMPLOYEE W/ CREDIT/COLLECTION SUPERVISOR	EMPLOYEE W/OUT CREDIT/COLLECTOR SUPERVISOR	CPA	CFO/TREASURER CONTROLLER OTHER	SELF-EMPLOYED	MANUFACTURER	WHOLESALE	BANKING	SERVICE INDUSTRY	TEACHING OR RESEARCH	OTHER**
M	D	Y	M	D	Y	✓	HOURS/WEEK											

Current or Last Job Title @ Employer: _____

Describe or list three (3) Primary Responsibilities while in this position:

1.
2.
3.
Other Comments:

Name: _____

D. Experience Employment Training History (Continued)

Employer/Firm Name: _____

Employer Address: _____

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M	D	Y	M	D	Y	✓	HOURS/WEEK											

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M	D	Y	M	D	Y	✓	HOURS/ WEEK											

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M	D	Y	M	D	Y	✓	HOURS/ WEEK											

Current or Last Job Title @ Employer: _____

Describe or list three (3) Primary Responsibilities while in this position:

1.
2.
3.
Other Comments:

Make additional copies of Form 1-5 as necessary and submit those additional sheets to CSB.

* If part-time work is noted, state average number of hours per week.
 ** If "other" kind of work is noted, describe on a separate page.

NAME: _____

Special Service, Accomplishments and Recognition in Business Credit & Collection

E. Leadership, Counselor and Executive Service History

Applicants may list those activities or roles here, in which they served, advised or provided leadership to their field or peers.

Sponsor:	Position:	Date/Term:
Activity:		

Sponsor:	Position:	Date/Term:
Activity:		

Sponsor:	Position:	Date/Term:
Activity:		

F. Speaker, Presenter, Teacher and Author Service History

Applicants may list those activities here, in which they served their field or peers.

Sponsor:	Position:	Date/Term:
Activity:		

Sponsor:	Position:	Date/Term:
Activity:		

Sponsor:	Position:	Date/Term:
Activity:		

NAME: _____

G. Affidavit

"The applicant acknowledges that the Credentialing Standards Board (the Council) will compile and evaluate a Record with respect to all aspects of the applicant's career. The applicant agrees to provide any additional information in connection with the investigation as may be required by the Council.

"The applicant hereby authorizes the Council to transmit the applicant's Council Record and all other pertinent information obtained in the course of its investigation to any/all board members responsible for reviewing, evaluating and assessing a candidate's application.

"In consideration of the services to be rendered by the Council, the applicant hereby releases, discharges, and exonerates the Credentialing Standards Board, its officers, directors, and agents from any and all liability of every nature and kind arising out of the transmission of information concerning the application."

By checking the box below, the applicant acknowledges that he/she is the person making the foregoing statements and that they are made in good faith and are true in every respect.

I acknowledge the foregoing statements.

I would like BCMA to notify my immediate supervisor or employer if my Application for Council Record & Certificate(s) are awarded:

Mr./Ms.	Supervisor's First Name	Last Name	Professional's Designations
Title		Company - Employer	
Mailing Address	City	State	Zip code



Submit the entire Application for Council Record/Certificate and the appropriate filing fees.
Filing Fee to establish Council Record: \$125, Filing Fee for Accreditation Certificate(s): \$175
Filing Fee for second review for Accreditation Certificate(s): \$100

Make Checks Payable to:
Business Credit Management Association
CSB Council Records
PO Box 510157
15755 W. Rogers Drive
New Berlin, WI 53151-0157

Or Call to process credit card payment.
Or Invoice me at my company.

Applicant Print Name

Signature

Date:

CSB

Credentialing Standards Board

Business Credit Management Association, American Society of Credit and Collection Professionals (ASCCP)