

# CMCA<sup>®</sup> (Ret.)

CMCA RETIRED STATUS APPLICATION

The Community Association Managers International Certification Board (CAMICB) offers the Certified Manager of Community Associations Retired designation for those managers no longer actively managing communities, but who are interested in highlighting their years of commitment and service. Qualified individuals can showcase their designation as **CMCA (Ret.)** in print and online, pay a reduced annual service fee, and are exempt from continuing education requirements.

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

## REQUIREMENTS & POLICIES

1. An individual must be an active CMCA for 10 or more years and be fully (100%) retired from practicing or consulting as a community association manager.
2. An individual must pay an annual service fee of \$25 to maintain the CMCA (Ret.) designation.
3. An individual must designate themselves as a CMCA (Ret.) and may not designate themselves as a CMCA.
4. 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.
5. An individual is not required to complete continuing education to maintain the CMCA (Ret.) designation.



**CMCA RETIRED STATUS APPLICATION**

**APPLICANT NAME:** \_\_\_\_\_  
**PREFERRED MAILING ADDRESS:** \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**ELIGIBILITY**

- 1. Are you fully (100%) retired from practicing or consulting as a community association manager?  
 Yes  No
- 2. Have you been an active CMCA for at least 10 years?  
 Yes  No
- 3. Are you currently an active CMCA?  
 Yes  No

I hereby apply for the CMCA (Ret.) designation. I understand this designation 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. At the time of this application, I will disclose any felony or misdemeanor conviction for criminal activity since my last recertification. This includes but is not limited to crimes of a fiduciary nature such as embezzlement, forgery, fraud, or theft. I will disclose if I have had a license, certification, registration or permit to practice any regulated profession revoked, suspended, relinquished, or withdrawn since my last recertification. I acknowledge that CAMICB reserves the right but not the obligation to review a criminal conviction or professional disciplinary action of any nature, within any timeframe, and to deny eligibility of the CMCA (Ret.) designation.

Applicant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 to:  
CAMICB  
6402 Arlington Blvd., Ste. 510  
Falls Church, VA 22042  
Fax: 1-800-845-4394  
[info@camicb.org](mailto:info@camicb.org)