

Application for the CCIM Designation

Submit this application along with the Core Concepts Review/Exam registration form.

Date of Application: _____

Candidate's Name: _____

Company: _____

Business Address: _____

City/State/ZIP Code: _____

Residence Address: _____

City/State/ZIP Code: _____

Business Phone: _____

Residence Phone: _____

Fax Number: _____

E-Mail Address: _____

Sign below to indicate your agreement with the following terms and conditions of membership:

I, the undersigned, hereby apply for the Certified Commercial Investment Member ("CCIM") designation of the CCIM Institute of the National Association of REALTORS®. In making this application, I hereby fully understand the contents and force of this agreement and bind myself to it. I declare that all of the information given herein is complete and correct to the best of my knowledge and belief and that such information is furnished for the sole purpose of assisting the CCIM Designation Committee in evaluating the adequacy of my preparation for the designation and that it will be held strictly confidential. I further agree to furnish to the Committee with any additional information that it may request. I acknowledge that it is my sole responsibility to prepare for the Comprehensive Examination and designation.

I acknowledge that submittal of my Application for Designation and application fee does not award the designation to me. I fully understand the designation can only be affected by vote of the Institute Board of Directors after favorable recommendation by the CCIM Designation Committee. I further understand that the Committee recommendation is based on my having met all of the requirements for the designation including completion of the education requirements, acceptance of my Portfolio of Qualifying Experience, Application for the Designation, Ethics Training and passing of the Comprehensive Examination.

I declare that there are no judgments or other actions pending against me except as explained in an attached document for the consideration of the Designation Committee. I understand that the Designation Committee may reject this Application if such pending action or judgment involves my professional responsibility, character, or integrity.

I understand that in order to retain the CCIM designation, I must maintain my membership in good standing with the Institute and, if I am a resident of the United States, I must maintain membership in good standing with the National Association of REALTORS® as either a REALTOR® or Institute Affiliate member of a local REALTOR® organization. I hereby waive all claims against the CCIM Institute or any of its officers, members, or employees as individuals or as a group, for any official act in connection with the business of the Institute including but not limited to acts approving this Application for Designation, or suspending, expelling, or otherwise disciplining me as a CCIM designee.

I understand that the CCIM designation is a federally registered trademark and that the Institute has the authority to license the designation to its members upon certain terms and conditions. I shall not use the CCIM designation in any manner including the designation name, initials or emblem in my advertising, brochures, contracts or documents until this Application for Designation has been approved. Upon approval of this Application for Designation, I will receive a revocable, non-exclusive, non-transferable, royalty-free license to use the CCIM designation for only as long as I am a member in good standing with the Institute. Said license will expire upon termination of my membership from the Institute for any reason. I understand that misuse of the CCIM designation, violation of the CCIM Institute Bylaws, CCIM Code of Ethics, or the commission of criminal or other unlawful activity may result in the termination of candidacy. Upon termination of my membership, I will immediately desist from using the CCIM designation in any manner including but not limited to using an emblem or other evidence of membership in the Institute on any literature, letterhead, advertising, or name suffix.

Signature: _____

Date: _____

PLEASE DO NOT WRITE IN THIS AREA -- OFFICIAL USE ONLY

Applicant has met the following designation program requirements:
__ Candidacy __ Education __ Experience

CCIM Institute Approval _____ **Date** _____

CCR and Comprehensive Examination Registration Form

This registration form and fee are submitted with the application for CCIM Designation.

Date of Application: _____

Employer ID: _____

Name: _____

Company: _____

Business Address: _____

City/State/ZIP Code: _____

Business Phone: _____

I would like to register for the following CCIM Comprehensive Examination:

Location: _____ Date: _____

All of my required coursework, including **Preparing to Negotiate and the **Online Ethics Course** is completed or will be completed 30 days prior to the exam and this registration is contingent upon approval of my Portfolio of Qualifying Experience.**

I am enclosing:

"" \$375 Comprehensive Examination Designation "" \$75 retake rate ""

"" \$810 Course Concepts Review (CCR 2-day course) "" \$380 retake rate "" Tuition Pre-Payment ""

CCR review materials are accessible via eCampus 30 days prior to the exam.

Form of payment:

Check payable to the CCIM Institute (*please mail check with registration forms*)

Visa MasterCard American Express

Card Number: _____ Exp. Date: _____

Are you a REALTOR®? Yes or No

If so, please indicate 9 digit NRDS ID _____

Designation Requirements:

Institute Member:

- Become a Candidate
- Complete CI01-104
- Complete Preparing to Negotiate
- Earn Two Electives
- Complete Ethics Course
- Approved Portfolio

Fast Track Member:

- Become a Candidate
- Complete CI01-104
- Complete Preparing to Negotiate
- Complete Ethics Course

University Fast Track Member:

- Become a Candidate
- Complete CI03 or CI104
- Complete Preparing to Negotiate
- Complete Ethics Course
- Approved Portfolio

Special Services:

Please check here if you are disabled or require special services. Attach a written description of your needs.

Return Examination Registration Form to: **CCIM Institute**
Designation Department
430 North Michigan Avenue, Suite 700
Chicago, IL 60611-4092
Fax: 312-981-7889
Email: designation@ccim.com