



FCAP
 FLORIDA COMMUNITY
 ASSOCIATION PROFESSIONALS

Certified Florida Community Association Manager (CFCAM)

APPLICANT INFORMATION

Please read and complete each section fully and accurately in clear, legible print or type.

Applicant Name (Please Print) _____

Please fax, mail, or email your completed application to:

Florida Community Association Professionals, LLC
 1000 Nix Road
 Little Rock, AR 72211

Phone: (561) 277-8152 or (800) 425-1314
 Fax: (501) 280-9233
 Email: mmcmurry@fcapgroup.com
www.fcapgroup.com

REQUIREMENTS

1. CAM license with no unresolved complaints
2. Three years experience as a community association manager*
3. Completed application
4. Agreement to abide by code of ethics
5. Completed FACS online course with 80% passing score

*If applicant does not have three years' experience, the designation "CFCAM Candidate" will be awarded. The full CFCAM designation will be awarded at the three-year mark.

PROGRAM FEES

- \$150 membership fee
- \$165 per module (8 modules in all)=total of \$1320
- \$155 certification fee

Total of \$1,625

ANNUAL MAINTENANCE FEE

(Starts After First Year) — \$150

APPLICANT INFORMATION

Applicant Name: _____

Applicant Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____ Check here if you wish to receive e-mail information from FCAP

CAM LICENSE

Please provide your Florida CAM license number: _____

Is your license active? Yes No

Please list other professional licenses, designations, or awards you hold (attach separate sheet if needed).

1. _____

2. _____

3. _____

CAM LICENSE (continued)

Have you been denied a professional license or had a professional license revoked? Yes No

If **yes**, please provide reason for revocation:

WORK EXPERIENCE

Please include the last three years. Use additional sheet, if necessary.

Company or Community Name: _____ Immediate Supervisor: _____

Complete Address: _____

Phone: _____ E-mail: _____

Dates: From (mm/yy) _____ / _____ To (mm/yy) _____ / _____

CERTIFIED FLORIDA COMMUNITY ASSOCIATION MANAGER CODE OF ETHICS

Certified Florida Community Association Managers subscribe to the following Code of Ethics and Standards of Practice:

COMPLIANCE WITH LAWS & REGULATIONS.

- The manager shall:
- Comply with Standards of Professional Conduct as set forth in Florida Administrative Code, Rule 61-20.503 of Chapter 468, Community Association Management Part VIII.
 - Comply with Covenants, Conditions, and Restrictions as set forth in community association governing documents.
 - Comply with all rules of employment as set forth by the community association board of directors or management firm.

Read and Understand:

- *Fair Housing Practices*—Understand and comply with Title VIII of the Civil Rights Act of 1968 (Fair Housing Act) as set forth by the U.S. Department of Housing and Urban Development (HUD).
- *Americans with Disabilities Act of 1990 (ADA)*—Understand and comply with the ADA as it applies to housing, employment, and access to common areas.
- *Equal Employment Opportunity Commission (EEOC)*—Abide by laws and regulations set forth by the EEOC as it relates to hiring, supervision, and termination of community association employees.

LAW & PRACTICE.

- The manager shall:
- While not engaging in the unlicensed practice of law commit to being current in all Florida statutes, legislation, and changes as they pertain to community associations, and use this knowledge to determine when it is necessary to retain legal counsel.

FINANCIAL MANAGEMENT.

- The manager shall:
- Adhere to all ethical financial practices including timely deposits of association funds.
 - Provide timely and accurate financial reports to the board with a frequency directed by the board and/or the management contract.
 - Not accept referral fees, commissions, and economic gains that may constitute a conflict of interest.

JOB KNOWLEDGE.

- The manager shall:
- Exercise responsibilities to clients with good business judgment, confidentiality, honest and fair dealings plus disclosure of potential conflicts of interest.
 - Maintain continuing education units according to Florida Administrative Code Rule 61-20.508(3).
 - Strive for excellence in all areas of job knowledge and always seek to grow in professionalism and proficiency in management.

A violation of the Code of Ethics may be grounds for administrative action and possible revocation of the CFCAM designation.

I agree to abide by the above Certified Florida Community Association Managers Code of Ethics.

Signature of Applicant _____

Print Name _____ Date: _____

AUTHORIZATION TO CHARGE DEBIT CARD OR CREDIT CARD

I authorize **FCAP** to charge my debit card or credit card for the following:

\$150 FCAP Membership Fee

Debit/Credit Card Number: _____

Expiration Date: _____ 3 or 4 Digit Security Code: _____

Type of Card: _____

Name on Card: _____

Billing Address: _____

City/State/Zip: _____

E-mail Address (for credit card receipt): _____

Signed: _____ Date: _____

TERMS AND CONDITIONS

Applicant has 72 hours from receipt to cancel this contract for a full refund of \$150.

In order to be considered for CFCAM certification, the applicant must take the online FACS course within the accepted time frame unless other arrangements have been agreed upon in advance.

Once the FACS course has been taken, an applicant may not receive a refund for any reason. Refunds for individual classes within the FACS course are not given for any reason.

I agree the above information is true and correct.

Signature of Applicant _____

Print Name _____ Date: _____

INTERNAL USE ONLY

(This section will be completed by FCAP staff)

Florida Advanced CAM Studies Course

Date Started: _____

Expiration Date: _____

Module 1: Started Completed Date _____

Module 2: Started Completed Date _____

Module 3: Started Completed Date _____

Module 4: Started Completed Date _____

Module 5: Started Completed Date _____

Module 6: Started Completed Date _____

Module 7: Started Completed Date _____

Module 8: Started Completed Date _____

FACS Exam: _____

Exam Score: _____

Graded By: _____

Date: _____

CFCAM Awarded: _____

CFCAM Candidate Awarded: _____

Date Full CFCAM Due: _____

Comments: _____
