



**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: info@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

- \$149 membership fee
  - \$165 per module (8 modules in all)=total of \$1,320
- Total of \$1,469**

### ANNUAL MAINTENANCE FEE

(Starts After First Year) — **\$99**

### 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:

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## 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:

**\$149 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: \_\_\_\_\_

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## INTERNAL USE ONLY

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(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: \_\_\_\_\_

\_\_\_\_\_