

PDMM® Certification Application

This application is the first step toward earning certification as a Professional Daily Money Manager (PDMM). Please read and complete each section fully and accurately in clear, legible handwriting or type. Incomplete or illegible forms will be returned. If additional space is needed, use plain white paper numbering your responses to correspond to the question number on the application. It is recommended that applicants review the PDMM® Certification Board Procedures document found on the website.

Application Instructions

submission. The appropriate	e fee must accompany the application.	A notary public must verify and sign the applic The American Association of Daily Money Ma oved to sit for the exam, the applicant will rece	anagers Certification
Application Checklist:			
Application Form is Full Payment is Enclosed	ly and Accurately Completed	☐ Application is Notarized☐ Detail of Work Experience is Attach	ched
Note: Please photocopy you	ur completed application in its entirety	for your personal records.	
Applicant Informa	tion		
Name as you wish it to ap	ppear on certificate:		
Full Name (first, middle, l	ast):	ackground Check, which will be performed on all app	
	(Information required to facilitate Ba	ackground Check, which will be performed on all app	olicants)
Maiden Name (if applicat	le):(Required for background check)	Date of Birth	
Check which address y	ou would like used as your cont	act	
Business Nar	ne (If applicable)		
		State	
Phone		_Fax	
Email			
Home Infor	nation (Must be provided for Back	ground Check, which will be performed or	n all applicants)
Address	City_	State	Zip
Phone	F;	ax	
Email			
Documentation of	Eligibility Requirements		
and business affairs on a da apply learned skills and kno for individuals or small busir	ally basis. The purpose of the certificat wledge, and has been exposed to the	ice to clients who have difficulty managing the ion is to assure that the applicant has had sufficient nuances and challenges of the profession. We of a daily money manager for clients. Workins is not acceptable.	ficient opportunity to ork may be performed
A minimum of 1500 hours	of paid daily money management work	k experience in the last three (3) years.	Yes No
OR			
A minimum of 1250 hours	of paid daily money management work	k experience in the last three (3) years, plus	Yes No

a maximum of 250 eligible pro bono or volunteer hours in the last three years.

☐ As a separate attachment, I have provided a written explanation of the work performed that satisfies the and probono/volunteer work experience. (As a reference, review the <i>Examination Content Outline</i> and <i>Eligibility Example</i> documents available on the AADMM website: www.aadmm.com)				
Applicant Background				
If a candidate answers yes to any of the following questions, a detailed written explanation must be included with AADMM Certification Board, in its discretion, may approve or deny any application for any reason. Each candidate a national criminal background check. If you have questions regarding these questions please review the PDMI Procedures document found on the website.	late will	be the	subje	ect of
Have you ever been accused or convicted of a felony?	Yes		No	
Have you been a defendant or respondent in any criminal action relating to your professional or business conduct, or are you currently named as a party to such an action?	Yes		No	
Have you been a defendant or respondent in a civil action relating to your professional or business conduct, or are you currently named as a party in any such action?	Yes		No	
Have you ever been censured, fined, reprimanded, or otherwise disciplined by any professional credentialing organization, or has such an organization named you as a subject of an investigation or complaint?	Yes		No	
Have you personally ever filed for bankruptcy?	Yes		No	
I further affirm that I have honestly and accurately completed this application and the information provior of my knowledge. I acknowledge that AADMM may, at its discretion, make inquiry of individuals and orgindirectly referenced in any part of this application to verify the accuracy and completeness of the inforprovided. I understand that all applications are subject to random audit. In submitting this application, I am authorizing AADMM to complete a criminal background check. I agree investigation by AADMM regarding the information I have provided or information revealed in the backgrounding my criminal history. I understand that my failure to cooperate in any inquiry by AADMM into the result in the automatic refusal by AADMM to approve my application. I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEGALLY BE MUST BE SIGNED AND DATED BEFORE A NOTARY PUBLIC AND NOTARIZED BEFORE.	ganizati mation ee to co ground nis info	ons di I have oopera check rmatic	irectly te in a on wil	or any
SignatureDate				_
I have a physical or other disability that may require special arrangements. Applicants red accommodations under the Americans with Disabilities Act of 1991 must submit with the certification written request that explains the nature of the disability and the type of accommodation he/she feels AADMM will acknowledge all such requests with a personal contact. (Please refer to the Candidate I AADMM website for additional information.)	applic is appl	ation i ropriat	form a te.	3
The foregoing instrument was acknowledged before me thisday of		_, 20_		_•
Bywho is personally known to me, or	who ha	s prod	duced	I
as identification.				
Notary Public				

Date and Location of Examination Proctored Exams: ☐ Friday of the Annual Conference Applications to sit for the exam must be received no later than September 1 of each year. ☐ Local Proctored Exams (scheduled by AADMM Business Office) **Fees and Method of Payment** Fee Schedule (Fees are non-refundable) ☐ AADMM Member -- \$300 □ Non-Member -- \$450 Total Examination Fee Included \$ All applications with fee and supporting materials must be received by AADMM no later than one month prior to the examination date. Applicants will be notified after the application has been processed. In the event the application is denied by AADMM, the application fee will be returned minus a \$50 administrative charge. Fee being paid by: ☐ Check ☐ Money Order -- Make payable to AADMM ☐ MasterCard □ Credit Card: □ VISA If by Credit Card, Provide Authorization Information Below: Account Number _____ Expiration Date _____ 3-digit security code _____

Submission Instructions

☐ Please email a receipt for my records.

Signature

Please review the check list on page one to ensure you have complied with all requirements. Submit notarized application along with supporting materials and payment to:

Please allow ten (10) business days from date of receipt for all credit card applications to be processed.

Name on Account _____

AADMM Certification Board 174 Crestview Drive Bellefonte, PA 16823-8561

Notarized applications along with supporting materials may also be submitted by fax using this number:

Fax: 814-355-2452

The Certification Board will review your application and, if approved, you will receive written notice of eligibility to sit for the examination. If not approved, AADMM will provide a notice outlining the deficiencies. Allow 4 weeks for AADMM to review your application and portfolio. Note: All exam attempts must be made within one year of your exam approval date, after this date you must resubmit the PDMM Certification Application.

For additional information contact:

American Association of Daily Money Managers
Phone: 814-357-9191

Email: certification@aadmm.com