



Certified Daily Money Manager[®] Exam Application

This application is the first step toward earning the Certified Daily Money Manager[®] (CDMM[®]) certification. 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 CDMM Certification Board Procedures document found on the website.

Application Instructions

All applicants are expected to satisfy ALL eligibility requirements. A notary public must verify and sign the application prior to submission. The appropriate fee must accompany the application. The American Association of Daily Money Managers Certification Board will review the application and supporting materials. If approved to sit for the exam, the applicant will receive an email notifying them of their eligibility.

Application Checklist:

- Application Form is Fully and Accurately Completed
- Payment is Enclosed
- Application is Notarized
- Detail of Work Experience is Attached

Note: Please photocopy your completed application in its entirety for your personal records.

Applicant Information

Name as you wish it to appear on certificate: _____

Full Name (first, middle, last): _____
(Information required to facilitate Background Check, which will be performed on all applicants)

Maiden Name (if applicable): _____ Date of Birth _____
(Required for background check)

Check which address you would like used as your contact:

____ Business Name (If applicable) _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

____ Home Information (Must be provided for Background Check, which will be performed on all applicants)

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____

Email _____

Documentation of Eligibility Requirements

As Daily Money Managers we provide personal business assistance to clients who have difficulty managing their personal monetary and business affairs on a daily basis. The purpose of the certification is to assure that the applicant has had sufficient opportunity to apply learned skills and knowledge, and has been exposed to the nuances and challenges of the profession. Work may be performed for individuals or small businesses by the applicant in the capacity of a daily money manager for clients. Working within a corporation or company that does not perform daily money management services is not acceptable.

A minimum of 1500 hours of paid daily money management work experience in the last three (3) years. Yes No

OR

A minimum of 1250 hours of paid daily money management work experience in the last three (3) years, plus a maximum of 250 eligible pro bono or volunteer hours in the last three years. Yes No

- As a separate attachment, I have provided a written explanation of the work performed that satisfies the requirement for paid and pro bono/volunteer work experience. (As a reference, review the *Examination Content Outline and Documentation of Eligibility Example* 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 the application. The AADMM Certification Board, in its discretion, may approve or deny any application for any reason. Each candidate will be the subject of a national criminal background check. If you have questions regarding these questions please review the CDMM® Certification Board Procedures document found on the website.

Have you ever been accused or convicted of a felony?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Have you personally ever filed for bankruptcy?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Applicant Agreement

By applying to the American Association of Daily Money Managers for certification as a Certified Daily Money Manager®, I hereby certify that I have read, understand, and agree to the AADMM applicant requirements as indicated in the Candidate Information Bulletin, and that I have read, understand, and agree to ascribe to the AADMM Code of Ethics. (Both available on the AADMM website: www.aadmm.com)

I further affirm that I have honestly and accurately completed this application and the information provided is true to the best of my knowledge. I acknowledge that AADMM may, at its discretion, make inquiry of individuals and organizations directly or indirectly referenced in any part of this application to verify the accuracy and completeness of the information I have provided. 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 to cooperate in any investigation by AADMM regarding the information I have provided or information revealed in the background check, including my criminal history. I understand that my failure to cooperate in any inquiry by AADMM into this information will result in the automatic refusal by AADMM to approve my application.

**I HAVE READ AND UNDERSTAND THESE STATEMENTS AND INTEND TO BE LEGALLY BOUND BY THEM.
MUST BE SIGNED AND DATED BEFORE A NOTARY PUBLIC AND NOTARIZED BEFORE SUBMISSION**

Signature _____ Date _____

____ I have a physical or other disability that may require special arrangements. Applicants requiring special accommodations under the Americans with Disabilities Act of 1991 must submit with the certification application form a written request that explains the nature of the disability and the type of accommodation he/she feels is appropriate. AADMM will acknowledge all such requests with a personal contact. (Please refer to the Candidate Bulletin on the AADMM website for additional information.)

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____.

By _____ who is personally known to me, or who has produced _____ as identification.

____ Notary Public

Date and Location of Examination

Proctored Exams:

- Friday, November 13, 2020 (in conjunction with the Annual Conference)
San Antonio, Texas - *Applications to sit for the exam must be received no later than **Sept. 2, 2020***
- Local Proctored Exams (scheduled with AADMM Business Office after application approval, based on schedule and location.)

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
 Credit Card: VISA MasterCard

If by Credit Card, Provide Authorization Information Below:

Account Number _____ Expiration Date _____ 3-digit security code _____

Name on Account _____

Signature _____

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

- Please email a receipt for my records.*

Submission Instructions

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:

**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 CDMM Certification Application.

For additional information contact:

American Association of Daily Money Managers
Phone: 814-357-9191
Email: certification@aadmm.com