



## Certified Daily Money Manager® Outside Continuing Education Application (OCEA)

CDMM®/Applicant Name: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Times: \_\_\_\_\_

Course Location: \_\_\_\_\_

**The following information must be provided along with this application:**

(Incomplete applications will be returned until all information is provided)

I have included a course brochure which must include the following:

- Course date
- Location, City and State or Provider for online events
- Breakdown of classroom time (Start and Stop time) (also: education, meals, breaks, etc.)
- Course objectives/content description (session titles alone are not adequate to determine eligibility)
- Presenter information (Name/Bio)

I attended this event in person, phone, webinar or recorded event (self-study is not acceptable)

I have or will obtain a course sponsor **signed** Certificate of Attendance.

I am submitting this course prior to event date or no more than 60 days following the event.

\*Recorded events must provide the method of attendance verification:

- Code verification
- Sign In/Sign Out/Role Call
- Time tracking software
- Exam with passing grade of no less than \_\_\_\_\_%

Other (Please explain: \_\_\_\_\_)

If this course is deemed acceptable for continuing education, I understand my course approval certificate will be loaded into the AADMM Certification Tracking Software (denied courses will be sent via email). I am responsible for obtaining proof of attendance. I will submit the course approval with a copy of the certificate of attendance as soon as obtained or submit both items along with the recertification documents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*(Remember courses for personal business experience do not qualify, e.g. Business marketing, employee management, and software courses, etc. do not qualify. Continuing education must directly benefit your client.)*

*Comments: (Use this area to provide additional information that may assist the Certification Board with their decision.)*

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The Certification Board meets the 2<sup>nd</sup> week of each month to review applications.

For questions please contact Kelly Dolan at [certification@aadmm.com](mailto:certification@aadmm.com) or 877-326-5991.

**For Office Use:** Date Submitted: \_\_\_\_\_ Date Replied: \_\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_