

CDMM® Certification
Administered by:
American Association of Daily
Money Managers
174 Crestview Drive
Bellefonte, PA 16823
Website: www.aadmm.com
Email: certification@aadmm.com



Regional/Chapter Continuing Education Application

Region Name: _____ Date: _____

Applicant Name: _____

Contact Email: _____ Telephone: (____) _____

Course Name: _____

Course Date: _____ Course Start & End Time: _____

Course Location: _____

Presenter's Name: _____

Presenter's Company: _____ Presenter's Title: _____

- Incomplete applications will be returned until all information is provided.
- Courses must be submitted prior to or no more than 60 days following the event.
- Personal business experience courses do not qualify; education must directly benefit the client.

Select the applicable content category, by inputting the alpha/numeric sub-category from the Recertification Content Outline:

(found at www.aadmm.com click the dropdown menu, go to "Certification", "Recertification" "Recertification Content", the detailed content outline is a clickable item below the description.)

Alpha / Numeric sub-category assignment:

- | | |
|--|--|
| <input type="checkbox"/> Bill Paying - _____/_____ | <input type="checkbox"/> Types of Expenses - _____/_____ |
| <input type="checkbox"/> Basic Finance/Bookkeeping - _____/_____ | <input type="checkbox"/> Ethics - _____/_____ |
| <input type="checkbox"/> Payroll and Tax Basics - _____/_____ | <input type="checkbox"/> Standards of Practice - _____/_____ |

Required attachments:

- Presenter bio including qualifications/experience on the course topic.
- Course email/brochure information or a list of course objectives attached.

Additional information for Board consideration:

Will handouts be provided for the presentation: ____ Yes ____ No (If yes, please include.)

Upon approval, proof of attendance/sign in sheet must be provided, including email contact for all attendees. (Sample sign in sheets available at www.aadmm.com click the 3-lined dropdown menu, go to "Certification", "Recertification", "Recertification Content", the sign in sheet is listed within the "Required Forms" section on the right.)

The Certification Board meets monthly, application deadline is the 1st Wednesday of each month.

For questions, please contact Kelly Dolan at certification@aadmm.com or 877-326-5991.

For Office Use: Date Submitted: _____ Date Replied: _____ Approved: ____ Denied: ____

12/20/21kj