

**National Association of Credit Management**  
8840 Columbia 100 Parkway  
Columbia, MD 21045-2158  
**Instructor Application**



Potential course instructors for the National Association of Credit Management (NACM) must meet the following minimum requirements: a Bachelor's degree, an industry designation (CCE is preferred), significant industry experience, and 2-3 years teaching experience. All new instructors will be required to (1) participate in a training and orientation program conducted by a senior NACM professional educator and/or (2) teach on a probationary status for two semesters. If the minimum requirement for teaching experience is not met, instructors must attend a formal adult education teaching course to meet that requirement.

*Type or print clearly. Use additional space if necessary.*

Name:		Birth Month/Day (MM/DD)
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Email:
NACM Affiliate Teaching Location:		

<b>Course Teaching Assignment Preference: (which course do you wish to lead?)</b>
①
②
③

**Current employment history**

Employer:		
Address:		
City:	State:	Zip:
Work Telephone:	Direct dial:	Web site:
Current job title:		
Immediate supervisor:		
How long have you worked for this company?		

<b>Previous Employment History</b>		
<i>Company and address</i>	<i>Position Held</i>	<i>Dates (from / to)</i>

<b>Academic Background</b>			
<i>Degree Earned</i>	<i>College/University</i>	<i>Major/Specialty Area</i>	<i>Date Completed</i>

<b>Professional designations, credentials, certificates</b>			
<i>Credential</i>	<i>Granting Body/Institution</i>	<i>Date Earned</i>	<i>Still valid?</i>

<b>Please describe any Distinctions (scholarships, awards within the industry, honors)</b>

<b>Please provide details about articles written and published:</b>

**Please provide details about your professional involvement in associations, groups:**

**Please provide details about any professional membership you hold, indicating any leadership positions held:**

**Teaching Experience – please describe any teaching experience, providing course names, where taught, when, etc.**

I affirm that the above information is true to the best of my knowledge.

The National Association of Credit Management Registrar has my approval to verify/contact any of the information provided.

I understand that if I am approved as an NACM instructor, I agree to use the CAP/ACAP instructional materials provided by NACM for the sole purpose of teaching the CAP/ACAP classes. I further agree not to reuse or use the materials provided by NACM for any other purpose. Upon my separation from the NACM Affiliate or when I stop teaching the CAP/ACAP classes, I agree to surrender all materials and return them to the NACM Affiliate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return completed application to:**

Education Department  
National Association of Credit Management  
8840 Columbia 100 Parkway  
Columbia, MD 21045-2158  
P: 410.740.5560 F: 410.740.5574  
Education\_info@nacm.org