

THE BEST LETTERS OF
RECOMMENDATION
YOU CAN GET.

CAE


CAE®
CERTIFIED
ASSOCIATION
EXECUTIVE

CERTIFIED ASSOCIATION EXECUTIVE APPLICATION

This application is the first step toward earning the **Certified Association Executive (CAE®) credential**. Please read and complete each section fully and accurately in clear, legible handwriting or type. All qualifying employment experience and professional development activities must be completed at the time the application is submitted. The completed application and full payment must be received in the CAE office by the designated application deadline.

Please initial each page and mail, fax, or email a PDF of your completed application to:

Mail: ASAE CAE Program
1575 I Street, N.W. Washington, DC 20005-1103

Fax: 202-220-6441

Email: caedept@asaecenter.org

Receipt of your application will be acknowledged within two weeks.

There is no membership requirement to apply for the CAE exam, and ASAE members and nonmembers will be evaluated equally on the application and subsequent examination. The CAE Program does not discriminate on any basis including race, sex, age, religion, national origin, sexual orientation, or disability. Additional information on program requirements, policies, and procedures is available in the CAE Candidate Handbook and at whatiscae.org. Requests for testing accommodations pursuant to the ADA should be made by the time of registration. For further assistance, contact CAE staff at 202-626-2759 or caedept@asaecenter.org.

APPLICATION CHECKLIST

- I intend to sit for the CAE exam within 12 months.**
(Note: Your application fee includes the cost to take the examination at an established site once within the next 12 months. Subsequent examinations and professional testing centers are subject to additional testing fees.)
- Section 1: Applicant Information**
I have completed all applicant information and noted where I would like mailed CAE correspondence sent.
- Section 2: Payment**
I have included payment information with this application.
- Section 3: Standards of Conduct, Disclosure, and Attestations**
I have pledged to uphold the ASAE Standards of Conduct, disclosed any felony convictions, and signed to indicate my acceptance of the Application Attestation. I understand that the program policies and the Candidate Handbook are available at whatiscae.org.
- Section 4: Higher Academic Education**
I have a bachelor's degree or equivalent from an accredited institution of higher learning, or have submitted professional work equivalence to fulfill program requirements.
- Section 5: Qualifying Employment Experience**
I have been employed within the past five years by a qualifying nonprofit organization—a trade association, professional society, individual membership organization, philanthropic organization, tribal organization—or association management company and have completed the years of qualifying professional experience to fulfill program requirements, or I meet the in lieu of requirements.
- Section 6: Professional Development Activities**
I have completed at least 100 hours of qualifying association management professional development within the past five years in fulfillment of program requirements.

SECTION 1

APPLICANT INFORMATION

(Please check which address below you would like to be used for mailed CAE correspondence.)

Mr. Mrs. Ms. Dr. Applicant Name: _____

ASAE Member ID# (Optional): _____

Title of Present Position: _____

Organization: _____

Preferred Email: _____

Business Address: _____

City/State/Zip: _____

Business Telephone: _____

Home Address: _____

City/State/Zip: _____

Home Telephone: _____ Personal Email: _____

SECTION 2

PAYMENT

All fees must accompany the application by the deadline. The application fee is \$500 for ASAE members and \$700 for nonmembers. The application fee includes a \$150 non-refundable processing fee. Application fees, less the non-refundable processing fee, will be refunded only if your application does not meet the eligibility requirements for CAE candidacy. The application fee includes the cost to take the examination once within the next 12 months. Subsequent examinations and testing at professional testing centers are subject to additional testing fees. *Exam application deadlines are listed at whatiscae.org.*

Application Fees:

\$500—ASAE Member \$700—Nonmember

Payment type:

Check enclosed (payable to ASAE) Visa MasterCard American Express Discover

Cardholder Name: _____

Credit Card Account #: _____

Expiration Date: _____ Zip Code of Billing Address: _____

Signature: _____

Please initial each page before submitting completed application.

SECTION 3

STANDARDS OF CONDUCT, DISCLOSURE, AND ATTESTATIONS

Have you ever been convicted of a felony? No Yes

(If "Yes", please contact CAE staff and/or consult CAE Program policies for further information and attach supporting information.)

ASAE STANDARDS OF CONDUCT

I pledge to uphold the ASAE Standards of Conduct. The current Standards can be found at asaecenter.org/standards.

APPLICATION ATTESTATION

- In submitting this application, I fully understand that it is an application only and does not guarantee certification.
- I agree to comply with all CAE Program policies as outlined in the CAE Policies and Procedures and CAE Candidate Handbook, submit to a multiple-choice examination, and supply further information as determined by the CAE Commission. I understand and, by my signature, attest that I will, now and in the future, adhere to the ASAE Standards of Conduct. I further understand that any false statement or misrepresentation that I may make in the course of these proceedings and application may result in the revocation of this application and the issuance of a complaint of violation on said Standards.
- I understand that the CAE Commission reserves the right to revise or update this application; and ASAE, its Standards of Conduct; and that it is my responsibility to be aware of these current requirements. I further understand that I am obligated to inform the CAE Commission of changed circumstances that may materially affect my application. I further understand that it is my responsibility to provide any requested documentation in connection with this application.
- I understand and agree that if I am certified following acceptance of this application and successful completion of the examination, such certification does not constitute a warranty or guarantee of my fitness or competency to practice as an association executive. If I am certified, I authorize the CAE Commission and ASAE to include my name in a list of certified individuals and agree to use the CAE designation and related trade names, trademarks, and logos only as permitted by CAE policies. I understand and agree that the CAE Commission and ASAE may also use anonymous and aggregate application and examination data for statistical and research purposes. I attest that I have disclosed any and all felony convictions, and understand that I am obligated to inform the CAE Commission of any future felony convictions.

Applicant Signature: _____ Date: _____

SECTION 4

HIGHER ACADEMIC EDUCATION

Highest Degree Earned: _____

Institution: _____

City, State: _____

Year Degree Received: _____

(Note: If you have not earned a degree from a qualifying institution, please indicate "no degree." Applicants without a bachelor's degree must submit an additional eight years of professional work experience to qualify to take the exam. Each year of completed undergraduate studies may be substituted for two years of professional experience toward the degree requirement.)

Please initial each page before submitting completed application.

SECTION 5

QUALIFYING EMPLOYMENT EXPERIENCE

Qualifying employment experience is defined as being employed at a qualifying nonprofit organization—a trade association, professional society, individual membership organization, philanthropic organization, tribal organization—or an association management company for which you have been compensated as an employee. You must have at least five years of employment as staff at a qualifying organization or three years as a chief staff executive of a qualifying organization.

In lieu of employment at a qualifying organization, an applicant may have ten years paid service as an employee, independent contractor, or consultant with demonstrated professional involvement within the association community by providing services as defined by the CAE exam content outline or five years of such service if substantially all of their work is devoted solely to qualifying organizations. For the in lieu of requirement, an Association Community Employment Form must be submitted with the application.

All applicants must report eligible employment within the past five years. Volunteer and unpaid service is not eligible for this requirement. Additional professional experience is necessary if you have not earned a bachelor's degree from a qualifying institution.

Most Recent Qualifying Employment Position: (Note: Must be within past five years.)

Position(s): _____ From ____ / ____ / ____ To ____ / ____ / ____

Organization: _____

Organization type: [] association management company [] individual membership organization [] philanthropic organization [] professional society [] trade association [] other: _____

Previous Qualifying Experience:

Previous Position(s): _____ From ____ / ____ / ____ To ____ / ____ / ____

Organization: _____

Organization type: [] association management company [] individual membership organization [] philanthropic organization [] professional society [] trade association [] other: _____

Previous Position(s): _____ From ____ / ____ / ____ To ____ / ____ / ____

Organization: _____

Organization type: [] association management company [] individual membership organization [] philanthropic organization [] professional society [] trade association [] other: _____

Previous Position(s): _____ From ____ / ____ / ____ To ____ / ____ / ____

Organization: _____

Organization type: [] association management company [] individual membership organization [] philanthropic organization [] professional society [] trade association [] other: _____

Previous Position(s): _____ From ____ / ____ / ____ To ____ / ____ / ____

Organization: _____

Organization type: [] association management company [] individual membership organization [] philanthropic organization [] professional society [] trade association [] other: _____

(If needed, attach additional sheets to document sufficient qualifying experience.)

Please initial each page before submitting completed application.



SECTION 6

PROFESSIONAL DEVELOPMENT ACTIVITIES

You must have completed 100 hours of broad-based, association management-related professional development, as defined by the exam content outline, within the last five years to be eligible to sit for the CAE examination. You will receive CAE credit for actual clock time of qualifying education, including partial hours, up to a maximum of eight CAE credits per calendar day. Please indicate program content and its relation to the exam content outline on the line marked "Description." Please avoid the use of acronyms. Additional information such as agendas, certificates of completion, and transcripts may be requested.

A maximum of 50 CAE credits from self-study programs (including facilitated virtual courses) can be applied to this application. Please note that on-demand and asynchronous courses must meet the criteria for self-study programs in order to earn CAE credit. Internal programs that are by staff for staff are not eligible for CAE credit. Proof of completion for self-study programs must be submitted with application.

More information on acceptable professional development activities can be found at whatiscae.org.

Once you have completed listing your professional development activities, please total the number of hours submitted.

Detailed Listing of Professional Development Activities:

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

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Detailed Listing of Professional Development Activities (continued):

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

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Detailed Listing of Professional Development Activities (continued):

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

Title of Program: _____

Sponsoring Organization: _____

Date(s): _____ Number of CAE Credits: _____

Presenter(s) and Presenter's Organization: _____

Description: _____

(If needed, attach additional sheets with title of program, sponsoring organization, presenter information, date, number of CAE credits, and description to document sufficient professional development.)

Total number of credits submitted: _____

Please initial each page before submitting completed application.

