

# CAMS CERTIFICATION APPLICATION

PLEASE ONLY FILL  
IN STEPS 1 AND 6

## STEP 1 Contact Information

Prefix (Mr. Mrs. Ms.)	First Name	Middle Initial	Last Name
<hr/>			
Title	Company	Industry	
<hr/>			
Mailing Address 1 (No P. O. Boxes, please)			
<hr/>			
City	State/Province	Zip/Postal Code	Country
<hr/>			
Phone	Alternate Phone	Fax	
<hr/>			
Email	Alternate Email		

CANDIDATES DO NOT HAVE TO FILL IN  
STEPS 2 TO 5 AS THE FEES ARE PAID BY  
HOUSE OF TRAINING

## STEP 2 Membership Information

In order to sit for the CAMS examination you must be an active ACAMS member in good standing.

Are you currently an ACAMS member?

Yes \_\_\_\_ Please provide your member number \_\_\_\_\_

No \_\_\_\_ Please choose your membership level below:

### Membership Category

Private rate

Public rate

1 year

\$295

\$195

2 years

\$530

\$325

3 years

\$750

\$450

## STEP 3 Choose your CAMS Certification Package **DO NOT FILL IN**

### CAMS Package with Virtual Classroom Option

Includes the Electronic CAMS Study Guide, Online Preparation Course, CAMS Virtual Classroom and CAMS Examination

Private rate

\$1,880

Public rate

\$1,540

### Standard CAMS Package (without Virtual Classroom)

Includes the Electronic CAMS Study Guide, Online Preparation Course and CAMS Examination

Private rate

\$1,495

Public rate

\$1,145

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## STEP 4 Certification Language

DO NOT FILL IN

Certification Language Preference (please check one)

- English       Spanish       Chinese       Arabic       Japanese

## STEP 5 Payment Method

\_\_\_\_\_ Total amount of CAMS package and membership fee (if applicable).

- Bill my company (Important: the fee must be received by ACAMS before the examination application deadline)
- Enclosed check payable to ACAMS
- Send wire transfer to:

**Comerica Bank San Jose, CA**  
**Routing number:** 121137522  
**Account number:** 1894064128  
**SWIFT Code:** MNBDUS33

Certification and membership fees  
will be paid by House of Training -  
ATTF. Part of the membership fee is  
included in your contribution fees.

- Credit Card (please circle one)

MasterCard      Visa      American Express      Discover      Diners Club

I agree to pay the above amount according to card issuer agreement.

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Card Number

\_\_\_\_\_  
Expiration

\_\_\_\_\_  
CV2Code

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## STEP 6 CAMS Certificate Name and Mailing Address

\_\_\_\_\_  
Certificate Name

\_\_\_\_\_  
Mailing Address 1 (No P. O. Boxes, please)

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Province

\_\_\_\_\_  
Zip/Postal Code

\_\_\_\_\_  
Country

# ELIGIBILITY FORM

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Candidates who wish to take the CAMS Examination must have a minimum of 40 qualifying credits based on education, other professional certification, and professional experience in the anti-money laundering field, in addition to providing 3 references. The following table represents the ACAMS credit award system for examination eligibility:

## I. EDUCATION

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*\*Select highest level of education*

<b>Associate Degree</b>	<b>10 credits</b> _____
<b>Bachelor's Degree</b>	<b>20 credits</b> _____
<b>Masters Degree/PhD/JD or Equivalent</b>	<b>30 credits</b> _____

*Supporting documentation must accompany information submitted.*

## II. PROFESSIONAL EXPERIENCE

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Each year of full-time experience in anti-money laundering or related duties in a financial institution. Professional experience is limited to 3 years.

*\*\*complete the Professional Experience Section on the next page*

**10 credits/year** \_\_\_\_\_

## III. TRAINING

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Professional Certification (*Financial Related*) — (CPA, CPP, CRCM, CFE, CPE, CIA, CA/AML, FINRA Series, etc.)\*\*\*

Any certification program must include a minimum of eight (8) hours of instruction and a certification exam.

*\*\*\*\*provide copies of certificate(s) and proof of valid membership in good standing*

**10 credits/certification** \_\_\_\_\_

Attendance at a course/seminar/web seminar/conference/educational and or training session on the topic of money laundering control and/or related subjects – (Includes internal and external training, training by a government agency, completion of the American Bankers Association Compliance or Graduate School or your country's equivalent.)

*\*\*\*\*provide copy of certificate(s) of attendance or receipt of payment from entity conducting training)*

**1 credit per hour** \_\_\_\_\_

**Your Total # of Credits** \_\_\_\_\_

*(at least 40 are required)*

*\* Only one degree may be used toward the 40 qualifying credits for the CAMS examination.*

*\*\* The Professional Experience Section may be found on the next page.*

*\*\*\* Please note, these credits are in recognition of the AML/Financial Fraud portion of the FINRA certification training. As such, you will only earn a maximum of 10 credits regardless of the number of FINRA licenses you possess.*

*\*\*\*\* Supporting documentation (if necessary accompanied by a translation in English) must accompany information submitted to meet minimum credit criteria in order to sit for the CAMS Examination (i.e., copies of degree, certificates of completion). Please submit all required documentation with your completed application and fee.*

# PROFESSIONAL EXPERIENCE

## TO BE FILLED IN ONLY FOR THOSE CANDIDATES WHO CLAIM CREDITS FOR EACH YEAR OF PROFESSIONAL EXPERIENCE IN THE AML FIELD:

(Use space provided and attach additional pages if necessary.)

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Dates of Employment:	From (Mo./Yr.)	To (Mo./Yr.)
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Name of Employer:	Industry:
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Address:	Country:
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Position/Title:	Total Months in this Assignment:
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Name & Title of Immediate Supervisor:	Business Telephone of Immediate Supervisor:
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Summary of Work Assignment (Do not use this space merely to refer to an attachment):

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Dates of Employment:	From (Mo./Yr.)	To (Mo./Yr.)
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Name of Employer:	Industry:
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Address:	Country:
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Position/Title:	Total Months in this Assignment:
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Name & Title of Immediate Supervisor:	Business Telephone of Immediate Supervisor:
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Summary of Work Assignment (Do not use this space merely to refer to an attachment):

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Dates of Employment:	From (Mo./Yr.)	To (Mo./Yr.)
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Name of Employer:	Industry:
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Address:	Country:
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Position/Title:	Total Months in this Assignment:
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Name & Title of Immediate Supervisor:	Business Telephone of Immediate Supervisor:
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Summary of Work Assignment (Do not use this space merely to refer to an attachment):

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# PROFESSIONAL REFERENCES

## **Required for all candidates**

Professional references must be individuals who have knowledge of your AML expertise and/or current position and the degree of responsibility held in the performance of your job. You should not use anyone as a reference who falls under your supervision. Do not use your own relatives, or members of the ACAMS staff as references.

**(Please note: all 3 references are REQUIRED.)**

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### **REFERENCE 1:**

Name & Title:

Professional Relationship:

Company Name

Country/State/City/Province

Telephone

Home

Business (Select one)

How long known

E-mail:

ACAMS Member:  Yes  No

Certified Anti-Money Laundering Specialist® (CAMS):  Yes  No

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### **REFERENCE 2:**

Name & Title:

Professional Relationship:

Company Name

Country/State/City/Province

Telephone

Home

Business (Select one)

How long known

E-mail:

ACAMS Member:  Yes  No

Certified Anti-Money Laundering Specialist® (CAMS):  Yes  No

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### **REFERENCE 3:**

Name & Title:

Professional Relationship:

Company Name

Country/State/City/Province

Telephone

Home

Business (Select one)

How long known

E-mail:

ACAMS Member:  Yes  No

Certified Anti-Money Laundering Specialist® (CAMS):  Yes  No

# CAMS EXAM CHECKLIST

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## Did You Remember ...

- To complete the eligibility table?**  
*(Candidates wishing to sit for the CAMS Examination must have a minimum of 40 qualifying points)*
- To include supporting documentation, such as copies of diplomas?**
- To order official college transcripts, if required?**
- To complete the professional experience section?**  
*(Only for candidates who claim credits for each year of professional experience within the anti-money laundering field)*
- To include payment with application?**
- To include 3 professional references?**
- To include your signature and date on the application?**

## Affidavit

I certify that I have read and agree to the terms and conditions set forth in the Candidate Handbook and application. I certify that the information submitted in this application is complete and correct to the best of my knowledge and belief. I understand that, if the information I have submitted is found to be incomplete or inaccurate, my application may be rejected, my examination results may be delayed or voided, not released, or invalidated by ACAMS, or if already certified, the "Certified Anti-Money Laundering Specialist®" designation may be revoked.

I certify that I have never been convicted of a felony (or in a military service convicted by a general court martial) and that there is no criminal charge now pending against me. I certify that I have never had a professional membership, license, registration or certification denied, suspended or revoked (other than for lack of minimum qualifications or failure of examination), and that I have never been censured or disciplined by any professional body or organization.

I understand that approval of my application is contingent upon the results of a possible investigation of the truthfulness and accuracy of all information I have provided. I authorize ACAMS, Kryterion and its agents to discuss the results of such a review with all persons involved in the certification process. I give consent for all contacted persons to provide information concerning me and/or my application, and I release each such person from liability for providing information to ACAMS, Kryterion and its agents. I understand that any false or misleading statement, misrepresentation, or concealment or material omission of the information I have provided or failed to provide on my application and attachments may be grounds for rejection of my application.

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Signature

Date: Day/Month/Year

Mail or fax completed application AND supporting documentation (copies of diplomas etc.) to demonstrate the 40 credits to:

**ACAMS World Headquarters**

Brickell City Tower  
80 Southwest 8th Street, Suite 2350  
Miami, FL 33130 USA  
Fax: +1 305 373 7788  
Email: info@acams.org

## QUESTIONS?

Please contact your local office found on the back of this handbook.