



CAMS Examination Application

Read the Candidate Handbook in its entirety before completing this application. Please complete all sections of this application. Submit the completed application, all supporting documents and the exam fee by the application deadline to ACAMS at Brickell Bayview Centre, 80 South-west 8th Street, Suite 2350, Miami, FL 33130 USA, fax +1.305.373.7788 or +1.305.373.5229.

Personal Information (please print using black or blue ink)

Name: (As you want it to appear on your certificate)		ACAMS Member Number	
Company/Organization Name		Job Title	
Street Address:			
City	State/Province	Zip Code/Postal Code	Country
E-mail Address		Alternate Email Address	
Daytime Telephone Number	Alternate Telephone Number	Fax Number	

Your CAMS certificate will be mailed to the address listed above. Please notify ACAMS as soon as possible if this information changes. If you would like your CAMS certificate to be mailed to a different address, please list it here.

Title		Street Address	
City	State/Province	Zip Code/Postal Code	Country:
E-mail Address (business)		E-mail Address (home)	

Payment may be made by credit card, personal check, cashier's check, money order or wire transfer. Checks must be made payable to ACAMS.

Package Pricing/Examination Fee:

ACAMS Members - Private rate (for individuals who work in the private sector)	\$ 1,385
ACAMS Members - Public rate (for full-time government employees)	\$ 1,145

*Paid by
ATTF*



Eligibility Form

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:

**Select highest level of education*

Associate Degree

10 credits _____

Bachelor's Degree

20 credits _____

Masters Degree/PhD/JD or Equivalent

30 credits _____

Supporting documentation must accompany information submitted.

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

*(**complete the Professional Experience Section on the next page)*

10 credits/year _____

Professional Certification (Financial Related) - (CPA, CPP, CRCM, CFE, CPE, CIA, CA/AML, NASD 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 NASD certification training. As such, you will only earn a maximum of 10 credits regardless of the number of NASD 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 SECTION: 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.)

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

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

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



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.)**

Reference 1:

Name & Title:		
Professional Relationship:		
Company Name		
Country/State/City/Province		
Telephone	<input type="checkbox"/> Home <input type="checkbox"/> Business (Select one)	How long known
E-mail:		
ACAMS Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certified Anti-Money Laundering Specialist® (CAMS): <input type="checkbox"/> Yes <input type="checkbox"/> No		

Reference 2:

Name & Title:		
Professional Relationship:		
Company Name		
Country/State/City/Province		
Telephone	<input type="checkbox"/> Home <input type="checkbox"/> Business (Select one)	How long known
E-mail:		
ACAMS Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certified Anti-Money Laundering Specialist® (CAMS): <input type="checkbox"/> Yes <input type="checkbox"/> No		

Reference 3:

Name & Title:		
Professional Relationship:		
Company Name		
Country/State/City/Province		
Telephone	<input type="checkbox"/> Home <input type="checkbox"/> Business (Select one)	How long known
E-mail:		
ACAMS Member: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Certified Anti-Money Laundering Specialist® (CAMS): <input type="checkbox"/> Yes <input type="checkbox"/> No		



CAMS Exam Checklist – 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.

Signature

Date: Day/Month/Year

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

ACAMS
Attn. Certification Department
Brickell Bayview Centre
80 Southwest 8th Street, Suite 2350
Miami, FL 33130 USA
Fax: +1.305.373.7788 or +1.305.373.5229

QUESTIONS?

Call: +1. 305.373.0020
E-mail: certification@acams.org
Visit: www.acams.org or www.acams.org/espanol

ATTF
Mrs. Milani
Milani@attf.lu