

Association Management Specialist® (AMS®) Reinstatement Application

In order to maintain the Association Management Specialist (AMS) designation the designee is required to redesignate every three (3) years by providing proof of continuing education and submitting an annual maintenance fee. If your designation has been allowed to expire for either nonpayment or lack of continuing education, the following qualifications must be fulfilled for reinstatement.

This application is only to be used by those who are seeking reinstatement and have met the following criteria:

- The candidate's status must have expired within the past five (5) years.
- A non-refundable reinstatement fee must accompany the application.
- The candidate must have continued to comply with the Professional Manager Code of Ethics.

Once a reinstatement is approved and processed, the designee will have a period of one year to provide proof of continuing education through the AMS Redesignation process (in August). The education does not have to be completed prior to the submission of this application.

Application Instructions

- Fill in this application with Adobe Acrobat Reader or print clearly in ink. To work in Reader: save the file on your computer's desktop, complete the form, and save again using your last name in the filename (e.g., PCAM_Jones.pdf) before printing.
- Submit completed application with non-refundable application fee to the CAI headquarters office, 6402 Arlington Blvd., Suite 500, Falls Church, VA 22042, fax to (240) 524-2424, or e-mail to payments@caionline.org.

Fees: \$175 for individual manager members of CAI and \$419 for non-members

CAI reserves the right to modify the AMS fees and criteria as stated above.

Reinstatement Survey

Please answer the following questions.

Does your employer recognize the AMS designation with higher pay rates?

☐ YES ☐ NO

How long have you been working in the field?

☐ 0-3 YEARS ☐ 4-6 YEARS ☐ 7-10 YEARS ☐ 10 PLUS YEARS

What is the reason for losing your AMS designation?

☐ DID NOT PAY ANNUAL FEES ☐ DID NOT COMPLETE THE REDESIGNATION PROCESS ☐ DID NOT REMEMBER

Date AMS designation received _____

Date AMS designation expired _____

AMS designation certificate number _____

Signature

I certify that the facts presented herewith are correct to the best of my knowledge and that I have continued to uphold the CAI Professional Manager Code of Ethics.

PRINTED NAME

SIGNATURE



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