

CANDIDATE HANDBOOK

Please review the CIMA® Certification Candidate Handbook in conjunction with completing this Application. It is incorporated herein by reference, as if the same were set forth at length.

CERTIFICATION PROCESS

Thank you for applying to the CIMA Certification Program. There are three steps you must complete to become certified:

1. Submit a CIMA Certification Program Application, fee, and undergo background check.
2. Pass the online Certification Examination.
3. Sign a licensing agreement, pay an initial certification fee, and agree to adhere to the Institute's *Code of Professional Responsibility and Rules and Guidelines for Use of the Marks*.

Personal/Demographic Information

☐ Mr. ☐ Mrs. ☐ Ms.

Preferred Mailing Address: ☐ Business ☐ Home

Last Name: _____ First Name: _____ Middle Initial: _____

Business Name: _____ Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____ Country: _____

Home Address: _____

City/State or Province: _____ Zip/Postal Code: _____ Country: _____

Primary Phone: _____ Primary E-mail: _____

Secondary Phone: _____ Secondary E-mail: _____

Fax: _____

How Did You Hear About the CIMA Certification Program? (check only one)

- ☐ Institute Advertisement
☐ Company and/or Leadership
☐ Institute Direct Mail or E-mail Promotion
☐ Institute Conference
☐ Other Meeting or Conference
☐ Institute Website
☐ College/University
☐ Personal Referral

(if so, please provide name): _____

☐ Other (please specify) _____

Highest Level of Education (check only one)

- ☐ High School
☐ Associate's Degree
☐ Some College, No Degree
☐ Bachelor's Degree
☐ Master's Degree
☐ Doctoral Degree
☐ Law Degree
☐ Other (please specify) _____

Which One Best Describes Your Primary Responsibility?

(check only one)

- ☐ Accountant
- ☐ Attorney
- ☐ Bank/Trust Officer
- ☐ Investment Consultant
- ☐ Corporate Officer
- ☐ Investment Analyst/Research
- ☐ Client Service
- ☐ Fund Trustee
- ☐ Pension Analyst
- ☐ Securities Broker
- ☐ Money Manager
- ☐ Financial Planner
- ☐ Wholesaler
- ☐ Wealth Manager/Advisor
- ☐ Other (please specify) _____

Total Assets Under Your Advisement

(check only one)

- ☐ < \$50M
- ☐ \$50M–\$150M
- ☐ \$150M–\$250M
- ☐ \$250M–\$500M
- ☐ \$500M–\$1B
- ☐ > \$1B
- ☐ Not Applicable

Current Number of Clients You Are Advising

Your Firm Affiliation (check only one)

- ☐ National Wire House
- ☐ Regional Broker Dealer
- ☐ RIA
- ☐ Bank/Trust
- ☐ National/Regional Independent
- ☐ Investment Management Wholesaler
- ☐ Industry Service Provider
- ☐ Money Manager
- ☐ Other (please specify) _____

Describe Types of Clients (check all that apply)

- ☐ Individuals
- ☐ Corporations
- ☐ Public Funds
- ☐ Retirement/Pension Plans
- ☐ Endowments, Foundations, and/or Associations
- ☐ Family Office
- ☐ Other (please specify) _____

Please List Any Other Designations You Currently Hold (check all that apply)

- ☐ CIMC*
- ☐ CPWA*
- ☐ CFA*
- ☐ CFP*
- ☐ Other (please specify) _____

Your Experience in Financial Services:

(check only one)

- ☐ 1 to 3 years
- ☐ 4 to 10 years
- ☐ 11 to 20 years
- ☐ 21+ years

OPTIONAL Demographic Information

Gender:

- ☐ Male ☐ Female

Ethnic Origin:

- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Black or African American
- ☐ Hispanic or Latino
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian
- ☐ Other: _____

Experience

Applicants must be able to demonstrate a minimum of three (3) full years of professional experience in financial services or a related industry.

List Each Position Held, With Most Recent Position Listed First:

Company: _____ Your Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities: _____

Company: _____ Your Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities: _____

Company: _____ Your Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities: _____

Company: _____ Your Title: _____

Address: _____

City/State or Province: _____ Zip/Postal Code: _____

From: (month) _____ (year) _____ To: (month) _____ (year) _____

Primary Job Responsibilities: _____

Please attach an addendum or resume if more space is required.

Complete Background Information Form

Applicant Name: _____ CRD # (if applicable): _____

DISCLOSURE QUESTIONS

	Yes	No
Criminal Actions		
1.a In a domestic, foreign, or military tribunal or court, have you ever been charged with, convicted or found guilty of, or pleaded guilty or nolo contendere to a crime under any securities or investment-related laws, regulations, or rules, unless such conviction, finding, or plea has been legally expunged from your record?	<input type="checkbox"/>	<input type="checkbox"/>
1.b In a domestic, foreign, or military tribunal or court, have you ever been charged with, convicted or found guilty of, or pleaded guilty or nolo contendere to a felony or indictable offense, unless such conviction, finding, or plea has been legally expunged from your record?	<input type="checkbox"/>	<input type="checkbox"/>
1.c In a domestic, foreign, or military tribunal or court, have you ever been charged with, convicted or found guilty of, or pleaded guilty or nolo contendere to an offense that is either a misdemeanor or summary offense, a necessary element of which, as determined by its statutory or common law definition, involves misrepresentation, fraud, extortion, theft, and/or dishonesty and/or an attempt or conspiracy to commit such offense, or solicitation of another to commit such offense, unless such conviction, finding, or plea has been legally expunged from your record?	<input type="checkbox"/>	<input type="checkbox"/>
1.d Based upon activities which occurred while you exercised control over an organization, was the organization ever convicted of, found or pleaded guilty to, or pleaded nolo contendere to an offense that is any of the following: (1) a felony, (2) an indictable offense, or (3) a misdemeanor or summary offense, a necessary element of which, as determined by its statutory or common law definition, involves misrepresentation, fraud, extortion, theft, and/or dishonesty and/or an attempt or conspiracy to commit such offense, or solicitation of another to commit such offenses?	<input type="checkbox"/>	<input type="checkbox"/>
Civil Matters		
2.a Have you ever been the subject of any written customer/client complaint, customer/client claim, or any other civil dispute involving financial services provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.b Have you ever been a party to any administrative legal proceeding, arbitration, or mediation involving financial services provided?	<input type="checkbox"/>	<input type="checkbox"/>
2.c Have you ever been the subject of any findings, judgments, or proceedings in any administrative, civil or criminal proceedings that involved findings of fraud, misrepresentation, theft, extortion, or dishonesty committed by you?	<input type="checkbox"/>	<input type="checkbox"/>
Bankruptcy and Creditor Compromises		
3.a Have you ever made any compromises with any creditors?	<input type="checkbox"/>	<input type="checkbox"/>
3.b Have you ever been a debtor in a bankruptcy or insolvency proceeding, filed a bankruptcy or insolvency petition, or been the subject of an involuntary bankruptcy or insolvency petition?	<input type="checkbox"/>	<input type="checkbox"/>
3.c Have you been engaged in the management of any companies/businesses that were declared insolvent or that have had an external administrator or trustee appointed?	<input type="checkbox"/>	<input type="checkbox"/>
3.d Has a bonding company ever denied, paid out on, or revoked a bond for you?	<input type="checkbox"/>	<input type="checkbox"/>
Employment Separation		
4.a Have you ever voluntarily resigned, been discharged, or permitted to resign after allegations that you committed fraud, took property, failed to supervise, and/or violated any securities or investment related statutes, regulations, rules, or standards of conduct?	<input type="checkbox"/>	<input type="checkbox"/>
4.b Have you ever been a party to any civil legal proceeding or court action involving your employment?	<input type="checkbox"/>	<input type="checkbox"/>

Yes No

Disciplinary Actions

5.a	Have you ever been named or subjected to a disciplinary action initiated by a self-regulatory organization (e.g. FINRA, Municipal Securities Rulemaking Board, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
5.b	Have you ever been named or subjected to a government agency disciplinary action?	<input type="checkbox"/>	<input type="checkbox"/>
5.c	Have you ever been named or subjected to a disciplinary action initiated by any entity that allows or licenses you to use its marks or a certification body, designation body, a professional body, or any other body that issued you a certificate?	<input type="checkbox"/>	<input type="checkbox"/>
5.d	Have you ever been named or subjected to a disciplinary action initiated by an entity that issued you a license?	<input type="checkbox"/>	<input type="checkbox"/>
5.e	Have you ever been suspended from membership of, disciplined by, or refused membership in any securities, stock, futures, commodities or other exchange?	<input type="checkbox"/>	<input type="checkbox"/>
5.f	Have you ever been refused the right, or been restricted in the right, to carry on any trade, business or profession for which a license, registration or other authority is required by law?	<input type="checkbox"/>	<input type="checkbox"/>
5.g	Have you been engaged in the management of any companies/businesses that have been the subject of any investigations or proceedings that are current or pending and which may result in disciplinary action being taken against you or the companies/businesses in relation to any license, registration, or authorization granted?	<input type="checkbox"/>	<input type="checkbox"/>
5.h	Have you been engaged in the management of any companies/businesses that carry on a trade, business or profession for which a license, registration or other authority is required by law and such license, registration, or other required authority was revoked or suspended?	<input type="checkbox"/>	<input type="checkbox"/>

Miscellaneous

6.a	Have you carried on business under any name other than the name or names shown in this application?	<input type="checkbox"/>	<input type="checkbox"/>
6.b	Have you been known by any name other than the name or names shown in this application?	<input type="checkbox"/>	<input type="checkbox"/>
6.c	To the best of your knowledge, are you aware of any matters identified in Items 2-5 above that may be filed, initiated, or occur in the future?	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes" to any of the above questions, please provide a separate attachment that includes individual details about the question(s) you answered in the affirmative.

Signature of Applicant: _____ Date: _____

CIMA Certification Application Terms and Conditions

The CIMA® and Certified Investment Management Analyst® marks (CIMA marks) are owned by Investments & Wealth Institute™ and protected by trademark law. Only those individuals who have satisfied all of the Institute's certification requirements are authorized to use the certification marks.

When the necessary certification requirements have been met and all fees are paid in full, candidates must complete a Certified Investment Management Analyst License Agreement. By completing the Agreement, the licensee agrees that the Institute is the owner of the CIMA certification marks with rights to exercise control over the use of the marks, to protect them against infringement by third parties, and to ensure that persons authorized to use the marks are in compliance with the Institute's *Code of Professional Responsibility*, and *Rules and Guidelines for Use of the Marks*. Upon receipt of the completed License Agreement, authorization to use the CIMA certification marks is awarded.

Payment Policy

The CIMA Certification Application payment includes processing fees, background checks, and the testing fee for **one attempt** to pass the online Certification Examination. All fees are subject to change. Full payment is due with this application. Payments are deposited upon receipt, but deposited monies do not guarantee entry into the CIMA Certification Program. If your application is not accepted, your payment will be refunded in full, to the payment method initially used.

Fees for each Certification Exam retake attempt are \$225(USD) for Institute members and \$325(USD) for nonmembers.

Expiration Policy

This application expires two years from the date it is processed by the Institute. If a candidate's application expires, he/she may reapply to the program by submitting a new application and fee.

Cancellation Policy

The CIMA certification application fee is nonrefundable.

Applicant Agreement

I certify that the information contained in this application is true, complete, and made in good faith. I understand that failure to truthfully complete this application or to truthfully respond to any other inquiry from the Institute may result in denial or revocation of the CIMA Certification Application.

I authorize the Institute to access my education and employment records for the purpose of verifying the statements and information provided here. I authorize the investigation of all statements made by me to the Institute including, but not limited to, these statements made in this form. I understand that my name and contact information may be released only to providers of courses and tutorials that may be helpful in preparing to meet requirements of CIMA Certification.

I understand and agree that I will not be eligible to sit for the Certification Examination until my application is complete and accepted by the Institute and that until and unless I meet all the requirements for certification, as set forth in were, which may be changed from time to time in the Institute's sole discretion, I will not be eligible to become certified as a CIMA® certificant. I also understand that I must satisfy all recertification requirements, as set forth by the Institute in its sole discretion, to maintain CIMA certification.

In consideration for the Institute's acceptance of this application, I agree that neither the Institute nor its directors, officers, employees, and others acting on its behalf shall be liable to me for any actions taken or omitted in any official capacity or in the scope of employment, and I hereby release the Institute and the other persons identified above from any liability for such actions or omissions.

Signature of Applicant: _____ Date: _____

CIMA Certification Application Fee Payment Form (rates subject to change)

Please check the CIMA Certification Program Application Fee Payment Option of Choice:

<input type="checkbox"/> Application Fee and Certification Exam Fee (current Institute member)	\$600* (USD)
<input type="checkbox"/> Application Fee, Institute Membership, and Certification Exam Fee	\$995* (USD)
<input type="checkbox"/> Application Fee and Certification Exam Fee (nonmember)	\$1,095* (USD)

**Fee includes one attempt to pass the Certification Examination.*

Method of Payment

Full payment is due with application. Please check one:

☐ Check (payable to Investments & Wealth Institute) Check number: _____

☐ MasterCard ☐ VISA ☐ American Express ☐ Diners Club ☐ Discover

Amount to be charged: \$ _____

Credit Card #: _____ Exp.: _____

Name on Card: _____

Signature: _____

Payments are deposited upon receipt, but deposited monies do not guarantee entry into any Institute certification program. If your application is not accepted, your payment will be refunded either by credit card or check