

Chapter Recommendation for CCIM Designation

Candidate Full Name

Date

CANDIDATES:

Insert your name and today's date on the line above and send a copy of this Recommendation Report to the individual or chapter representative listed on your application. CCIM's Designation Committee cannot review your application until your completed application package, including three favorable recommendations, has been received at CCIM's Headquarters.

If you are 100 miles or more from a CCIM Chapter and not a member of a local CCIM Chapter, please contact Samantha Carter at the CCIM Institute and a substitute for this requirement will be arranged.

RECOMMENDATION:

The above named applicant is requesting that you provide an official recommendation to support his/her online resume of experience.

- Applicants are required to submit a number of documents that demonstrate they have achieved the designation criteria and standards adopted by CCIM.
- These documents include recommendation statements by current CCIM Designees and Clients.
- This form, when completed with the requested information, will constitute a statement by which you will be attesting to the professional qualifications of the applicant.
- Chapter Recommendations should be from Leadership or an Authorized Representative.

If not familiar with the applicant the chapter authorized representative should arrange an interview (face or phone) or establish other criteria for the recommendation.

Did you have a face to face or a phone verification session with the candidate? _____

Did the candidate provide a copy of a professional resume? _____

Did you discuss the work history and commercial background? _____

Did the candidate adequately provide details of his/her role over the past five years? _____

Did the candidate provide a copy of the summary of qualifying activity? _____

Did the candidate provide transaction volume that meets with the requirement? _____

Does the candidate adequately understand the CCIM skills and their use in commercial activity?

Yes No

Do you have knowledge or reason to believe that this candidate has misused his/her candidacy status?

Yes No

Please provide any other thoughts or comments that you feel relative to the candidate and will assist the grader in understanding the commercial qualifications.

After completing this form, DO NOT RETURN TO THE APPLICANT – Please email to designation@cciminstitute.com . If any of your answers exceed the space available below the question, please continue your answer on a separate sheet of paper and include it with your response

RECOMMENDATION

The information that I have provided in this Recommendation Report is, to the best of my knowledge, true and correct.

By signing this document, I Do Do Not recommend this candidate for the CCIM designation.

Date Completed _____

Signature (required) _____

Printed Name _____

Chapter Name _____

City, State _____

Business Phone _____ E-mail Address: _____

**Send this form -- IN CONFIDENCE -- directly to the
Designation Department
Fax: 312-321-8564
Email: designation@ccim.com
Questions? Call 312-321-4535**