



CCIM Institute

Equipping the world's best minds in commercial real estate

**CCIM INSTITUTE
Application for
Streamlined Online Portfolio of Qualifying Experience Submission**

- 1. Last Name: _____ Middle Initial: _____ First Name: _____
Date of Birth: _____
- 2. Home Address: _____
City: _____ State: _____ Zip: _____
- 3. Telephone: Office: _____ Cell: _____ E-mail: _____

4. Employment History – in addition to the information below, *it will be necessary to attach a complete professional resume*. The Applicant must have a minimum of 5 years of experience in commercial real estate. If candidate does not have five (5) years or more of experience they MUST submit a traditional portfolio. Applications for the Streamlined Portfolio will NOT be accepted without five (5) years of verifiable Qualifying Commercial Real Estate Experience.

Current Employer: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Title: _____ Dates: _____
 Job Description and Responsibilities: _____

Previous Title (if any): _____ Dates: _____
 Job Description and Responsibilities: _____

Previous Employer (if with current employer for less than 5 years):

Company _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Title: _____ Dates: _____
 Job Description and Responsibilities: _____

Previous Title (if any): _____ Dates: _____
 Job Description and Responsibilities: _____

- 5. Other Commercial Real Estate Experience: _____

6. Educational Background:

High School: _____ Graduate(Y/N): _____ Year: _____
College: _____ Degree: _____ Year: _____
College: _____ Degree: _____ Year: _____
Post Graduate: _____ Degree: _____ Year: _____
Other Relevant Education: _____

7. Other Professional Real Estate Designations Held: _____

8. Do you now or have you held a Real Estate Sales Person/Broker License, or other real estate related license? If so, please give details:

State: _____ Date First Issued: _____ Type: _____ Agent
State: _____ Date First Issued: _____ Type: _____ Broker

9. Do you belong to a local CCIM Chapter? If so, which one and how long?

Chapter: _____ Dates: _____
Chapter: _____ Dates: _____
Leadership or Chair Positions (if any) _____

10. Years of Experience in Qualifying Activities – for a more complete description of the categories below, and current minimum volume requirements go to the Portfolio Requirements listed on the CCIM Website at www.ccim.com/candidate/portfolio:

- Commercial Real Estate Broker/Agent _____ Years
- Commercial Real Estate Investor/Owner _____ Years
- Commercial Real Estate Developer _____ Years
- Commercial Real Estate Appraiser _____ Years
- Commercial Real Estate Managing Broker/Officer _____ Years _____ # of Agents
- Commercial Real Estate Lender/Financer _____ Years
- Commercial Real Estate Fee Consultant _____ Years
- Commercial Real Estate Asset/Portfolio Manager _____ Years
- _____ # of Properties in Portfolio _____ Portfolio Sq. Ft.
- Commercial Property Tax Consultants _____ Years
- _____ Avg # Cases per year _____ Volume of Tax Cases
- Corporate Real Estate Executive _____ Years as Corp. RE Executive
- _____ Portfolio or Projects Sq. ft. _____ # of Properties/Site in Portfolio

If above is not appropriate, give scope, volume, etc. of the commercial real estate you work with

11. Commercial Activity Summary Affidavit: A summary of all commercial real estate activities, in which you were substantially involved and were closed or completed during the past five (5) years, must be included along with an Affidavit from your supervising Broker, company CFO, or CPA associated with that time period. You cannot sign the Affidavit on behalf of yourself; it must be a third party. **The Affidavit must cover the entire five (5) year period.** Affidavits should be returned to the candidate and uploaded in the appropriate location.

Name: _____ Title: _____

Company Name: _____

Transaction Time Period: _____

Name: _____ Title: _____

Company Name: _____

Transaction Time Period: _____

Name: _____ Title: _____

Company Name: _____

Transaction Time Period: _____

Name: _____ Title: _____

Company Name: _____

Transaction Time Period: _____

Name: _____ Title: _____

Company Name: _____

Transaction Time Period: _____

12. Letters of Recommendation – It is necessary to have at least three (3) Letter of Recommendation Forms filled out, signed, and sent directly to the CCIM Institute from one (1) current CCIM Designee (not personally related to you or are part of the same company), one (1) commercial real estate client, and one (1) from local chapter officer or authorized representative. The Letter of Recommendation Form can be downloaded from the CCIM Website.

Please list the CCIM, Your Client and the Chapter Representative who will complete the verification and recommendation form:

CCIM Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Client Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

Chapter Representative Name: _____

Chapter: _____

Position on Chapter Board: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail Address: _____

13. Ethical Practice.

- a) Are you or have you ever been a party to a lawsuit involving your professional services as a real estate practitioner? If yes, include a letter of explanation. Yes No
- b) Are you or have you been involved in any litigation involving your financial responsibility as a real estate practitioner? If yes, include a letter of explanation. Yes No
- c) Has been alleged to have acted unethically in a real estate transaction? Yes No
- d) Has had a professional license suspended or revoked by a real estate licensing authority? Yes No
- e) Has been charged with a violation of licensing law before a real estate licensing authority? Yes No
- f) Has been convicted of a crime (other than a minor traffic violation)? Yes No

If your answer to any of these questions is yes, please provide an explanation.

I affirm that the information included in this application, CCIM Activity affidavit, and all supporting documentation, is true to the best of my knowledge. I understand that CCIM reserves the right to request additional documentation to support my application.

By my signature, I hereby grant permission to contact any or all of the principal parties to any of the activities enclosed and acknowledge that falsification of information will permanently disallow the entire portfolio

Signature (required): _____ **Date:** _____

Please print an exact copy then submit your application.

If you have questions, please contact the CCIM Institute Designation Team
Phone: 800/621-7027 ext.4535 or 4472; fax: 312/321-4530
Email: designationinfo@ccim.com