

Client Recommendation for CCIM Designation

Applicant Full Name _____ Date _____

APPLICANTS:

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

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.

1. What type activity/transaction/project did you work with the candidate? When did it occur?

2. When and under what circumstances did you first become acquainted with the applicant in a professional context?

3. Please describe your perceptions of the applicant's professional strengths and weaknesses.

4. Could you please comment on the applicant's commercial competence and knowledge?

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

VERIFICATION and RECOMMENDATION

The information that I have provided in this Verification and 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 _____

Company _____

City, State _____

Business Phone _____ E-mail Address: _____

After completing this form, DO NOT RETURN TO THE APPLICANT –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

**Send this form -- IN CONFIDENCE -- directly to the
Designation Department
CCIM Institute
430 North Michigan Avenue, Suite 800
Chicago, IL 60611
Phone: 312-321-4535
Or email to: designation@cciminstitute.com**