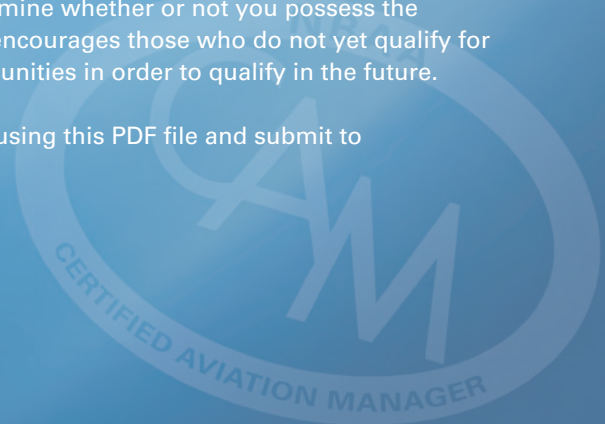




CAM APPLICATION

The purpose of this Certified Aviation Manager (CAM) application is to assist you in qualifying and applying for the CAM exam. Using a point-based system to evaluate your employment history, formal education, licensing and certification, and continuing education, this document will enable you to conduct a self-assessment to determine whether or not you possess the qualifications required to apply for the exam. NBAA encourages those who do not yet qualify for the exam to pursue professional development opportunities in order to qualify in the future.

Those who qualify to take the CAM exam may apply using this PDF file and submit to CAM@nbaa.org visit www.nbaa.org/cam.



CAM Application

Updated April 2021

APPLICATION CHECKLIST

- 1. Complete all sections per the instructions on page 6.
- 2. Determine if you are qualified to take the exam.
- 3. Complete and sign the application.
- 4. Attach all required license copies or documentation.
- 5. Attach two signed letters of recommendation.
- 6. Email completed CAM application package to cam@nbaa.org.

A. PERSONAL INFORMATION AND EMPLOYMENT HISTORY

Two years of business aviation experience are required. Complete the sections below using the categories provided in Table A1.

Personal Information

Name: _____

Current Address: _____

City/State/ZIP: _____

Phone: _____ Fax: _____

Email: _____

Current Employment Information

Current Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY

Previous Employment Information

Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY

Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY

Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY

Table A1: CAM Application Category, Points and Examples

Category	Points per Year	Definition (Examples)	Clarifier
A	10	People Management With Direct Reports (e.g., chief pilot, chief of maintenance, dispatch supervisor, director, CFO)	Supervisory
B	8	Program Management in Business Aviation (e.g., standards, safety, lead technician, lead scheduler, lead flight attendant, training)	Nonsupervisory
C	6	Pilot/Maintenance/Dispatch in Business Aviation (e.g., captain, pilot, co-pilot, flight attendant, scheduler, technician, admin)	Nonsupervisory
D	4	Aviation Other (e.g., occupations from other aviation segments such as airline, military, CFI, line service, admin)	Nonsupervisory

B. FORMAL EDUCATION

Complete the information below for each educational level that resulted in a certificate or a degree. High school or equivalent is required. NBAA will independently verify applicant’s formal education on a random basis. If requested, a transcript documenting applicant’s highest degree must be sent directly from the school to the certification program. The maximum points given for formal, post-secondary education is 45 points.

High School or Equivalent (Required)

Name: _____ Address: _____ Phone: _____

Date of Graduation: _____

College or University

Name: _____ Address: _____ Phone: _____

Degree: _____ Major: _____ Date: _____

College or University

Name: _____ Address: _____ Phone: _____

Degree: _____ Major: _____ Date: _____

Trade School

Name: _____ Address: _____ Phone: _____

Degree: _____ Major: _____ Date: _____

C. APPLICATION POINT QUALIFICATION SYSTEM

Please fill in the shaded cells for each section.

Use the point values provided to calculate your point totals.

CAM Application Points				
Name:			Date:	
Employment Information (From Section A)	CAM Category	Category Points Per Year	Total Years	Total Points
1.				
2.				
3.				
4.				
5.				
6.				
7.				
Employment Subtotal				
EMPLOYMENT TOTAL – 90 points maximum (enter total at right; if greater than 90, round down to 90)				
Formal Education (Point values are in parentheses)				Total Points
Trade School/College/University – Degree Program Completed				
Aviation Trade School (15)				
Associate (25)				
Baccalaureate (35)				
Masters or Higher (45)				
EDUCATION TOTAL – Choose points for highest level attained (enter points for the highest level attained at right)				
Licensing and Certification (Choose all that apply; point values are in parentheses)		License Number	Date	Total Points
Technician – 10 points maximum				
Airframe Only (2)				
Powerplant Only (2)				
Airframe and Powerplant (A&P) (5) NCATT certification (2)				
FCC General Radiotelephone Operator License (2)				
IA (10)				
Technician Subtotal				
Pilot – 10 points maximum				
Private Pilot (2)				
Commercial Pilot (5)				
ATP (10)				
Pilot Subtotal				
Dispatcher – 10 points				
Dispatcher Subtotal				
LICENSING AND CERTIFICATION TOTAL – 30 points maximum (enter total at right; total should reflect subsection point limits and not exceed 30)				
Note: Copies of licenses and certificates are required to be submitted with this application.				

(Continued)

Continuing Education (Point values are in parentheses)	Number of Courses Attended	Points Per Course	Total Points
Professional Development Programs – 30 points maximum			
NBAA Professional Development Program (3 points per course)			
NBAA Schedulers Professional Development Program (3 points per course)			
Other Continuing Education – 15 points maximum			
NBAA Certificate Programs (4 points per course)			
Other Professional Development From Approved Courses Listed Online (15 points maximum)			
1.			
2.			
3.			
Continuing Education Subtotal			
CONTINUING EDUCATION TOTAL – 45 points maximum (enter total at right; if greater than 45, round down to 45)			
Grand Total			

Affirmation, Verification and Signature

Affirmation of Application

I affirm that the information contained in my registration form is true, complete and correct to the best of my knowledge. I accept the conditions concerning the administration of the examination, the reporting of the test scores, the certification process, and CAM policies, professional practices and disciplinary procedures. I agree to provide to NBAA any information relevant to my certification or re-certification. I further understand that if any information is later determined to be false or constitute misrepresentation, the NBAA Board of Directors and CAM administrators reserve the right to revoke or take disciplinary action regarding any certification that has been granted. I agree, accept and will adhere to the CAM Professional Principles, Policies, Procedures, Bylaws and Disciplinary Procedures to the best of my ability. I further understand that CAM certification does not certify or in any way guarantee the quality of my work as a CAM professional. I therefore agree to indemnify and hold harmless, NBAA officers, directors, staff and CAM administrators from any claims related to my certification. I understand that the NBAA Board of Directors and CAM administrators are not responsible for any actions or damages from any results of my work as a CAM professional.

I authorize and verify that the information provided on this form as to my employment, education, qualifying points and any other information is accurate and true.

Applicant Signature: _____

Date: _____

D. LETTERS OF RECOMMENDATION

Two letters of recommendation are required. Two general letters of recommendation are required from a credible reference such as a current/previous supervisor and/or mentor who can speak to your overall character.

E. PAYMENT INFORMATION

NBAA will be reaching out to collect payment upon application review.

Upon submission of this application, the applicant can expect notification of qualification to sit for the CAM exam within 30 days. All applications must be submitted at least 45 days prior to the intended scheduled exam administration date.

INSTRUCTIONS

It is recommended that the applicant use a current resume as reference while filling out this application. There are necessary employment timelines and job descriptions that are important in completing the application.

Fill out **Section A** with the information requested. The category box can be filled out by the applicant by referencing Table A1. Category points are accrued yearly. At least six months of work experience are required to earn half a year's points.

Table A1 addresses the point breakdown with some examples. This is for reference in understanding how the point system is applied on Section C of the application. Notice that the main differentiator is based upon supervisory and non-supervisory experience.

Fill out **Section B** on Formal Education, which should include both post-secondary education as well as trade school education. Formal Education points are awarded to the highest level of education attained. Points are not cumulative.

In **Section C**, enter and calculate the CAM point totals based upon your history. (The point totals will be automatically calculated for the applicant in the online version of this form.) Referencing Sections A and B should assist the applicant in completing this section.

Please remember to sign and date the Affirmation/Verification section.

Direct any questions about any sections of this application to cam@nbaa.org.

APPENDIX A. ADDITIONAL EMPLOYMENT HISTORY

Complete the sections below using the categories provided in Table A1 as needed to supplement the information on Page 2.

Previous Employment Information

Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY

Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY

Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY

Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY

Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY

Employer: _____ Job Title: _____

Employer Address: _____ Direct Reports (N / Y / #): _____

City/State/ZIP: _____

Phone: _____ Email: _____ Point of Contact: _____

Dates of Employment From: _____ To: _____ Category (Table A1): _____
MM/YYYY MM/YYYY