Professional Designation Application Form

Please complete the following information. This application form is to be submitted along with the Professional Designation check list, the Professional designation fee and all other required paperwork.

This is an application for:	\square MAA	\square RMA	\square CMA	
(Please type or print legibly) (Check one) Mr. □ Mrs. □ M				M.I
Last Name:			Suffix:	
Date of Birth:				
<u>If applicable</u>				
MAA Number:	RMA Number:		CMA Number:	
Date Acquired:	Date Acquired	:	Date Acquired:	
Primary Jurisdiction:		T	itle:	
2nd Community:	ty: Title:			
d Community: Title:				
4th Community:	nity: Title:			
Primary Work: Address:				
•			Zip:	
Work Phone Number:	Work Fax Number:			
Work E-mail:				
Home: Address:				
City:	State:		Zip:	
Home Phone Number:		_ Cell Number:		
Home E-mail:				
Preferred Mailing Address (cl		e 🗆 Office		

M.A.A.O. Professional Admissions Committee

P. O. Box 70 Shrewsbury, MA 01545

Please be sure to include all appropriate required paperwork, fee and forms and return to:

If you should have any questions about the requirements for your MAA, RMA or CMA designation, please do not hesitate to contact Bob Ellia at execdir@maao.org or at 774-249-8625.

Professional Designation Check List

The following is a check list of the requirements for applying for MAAO's Professional Designations. If you are applying, please review the following and be sure to submit the required documentation (please submit this check list along with the Application form). All required information is need prior to consideration for Designation.

MAA	RMA	CMA
Completion of application form	Completion of application form	Completion of application form
Regular Member of the MAAO	Regular Member of the MAAO	Regular Member of the MAAO
Be an employee in an assessing jurisdiction in Massachusetts at the time of the application and award	Be an employee in an assessing jurisdiction in Massachusetts at the time of the application and award	Be an employee in an assessing jurisdiction in Massachusetts at the time of the application and award
No less than 18 months actual experience as an Assessor, or equivalent duties	No less than 18 months actual experience as an Assessor, or equivalent duties	Must have no less than three (3) years actual experience as an Assessor, or equivalent duties
\$50.00 fee	\$50.00 fee	\$50.00 fee
Documentation of	Documentation of	Documentation of Appointment/Election
Course 101	Course 101	Course 101
Course 200	Course 200	Course 200
Course 1	Course 1	Course 1
Course 2	Course 2	Course 2
Course 3	Course 3	Course 3
	Course 4	Course 4
Course 5	Course 5	Course 5
USPAP – 15 hour Course	USPAP – 15 hour Course	USPAP – 15 hour Course
	Submit to the Professional Admissions Committee one (1) complete narrative residential appraisal of a property acceptable to the Committee, in which all three (3) approaches to value are utilized	Submit to the Professional Admissions Committee two (2) complete narrative appraisals of a property (one of which is income producing property) acceptable to the Committee, in which all three (3) approaches to value are utilized
Any holder of the C.A.E. designation awarded by the I.A.A.O. or C.M.A. or R.M.A. designation awarded by the M.A.A.O. who meets the prerequisites shall be designated a Massachusetts Accredited Assessor upon payment of the required fee	Any holder of the CAE or RES designation awarded by the I.A.A.O. or the C.M.A. designation awarded by the M.A.A.O. who meets the prerequisites shall be designated a Residential Massachusetts Assessor upon payment of the required fee	Any holder of the C.A.E. designation awarded by the I.A.A.O. who meets the prerequisites shall be designated a Certified Massachusetts Assessor upon payment of the required fee

If you are unsure of the application procedures, please refer to the Designations/Recert & Status link, available on the MAAO Web Site at maao.org