



Certification Program Application Form

Please read ALL instructions carefully and provide information requested.

This application form has text fields that enable you to type, save and print your document.

Mail completed form to: PHMA Certifications, 154 Fort Evans Road NE, Leesburg, VA 20176

If you have questions, call: 703-771-1888. **Please type or print clearly!**

PERSONAL DATA

Name: *(Mr./Mrs./Ms./Rank)* _____

Home Mailing Address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Business Phone: _____ Home Phone: _____

E-mail Address: _____

EMPLOYMENT DATA

Present Position Since: *(Mo/Yr)* _____

Office Mailing Address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Business Fax: _____

Supervisor's Name: _____

Supervisor's Phone: _____

CERTIFICATION STATUS AND REQUEST

I presently do NOT hold any PHMA Certifications.

I am presently certified by PHMA as a:

■ I WISH TO APPLY FOR CERTIFICATION AS A:

DFS DHM DHP DHD CDAM CDRS

(Check only one certification on this form. Additional applications may accompany this one.)

WORK EXPERIENCE

Five points are awarded for each year of work in Family Housing, Unaccompanied Personnel Housing, Lodging or equivalent private sector real estate duties.

Please list your HOUSING RELATED EMPLOYMENT HISTORY in reverse chronological order, starting with your current position. If you need more space, use the WORK EXPERIENCE Continuation Sheet provided on page 11.

■ POSITION TITLE: _____ # Years: _____
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Pay Plan/Series/Grade/Step: _____
Brief description of Duties and Responsibilities:

Supervisor: _____ Installation: _____

■ POSITION TITLE: _____ # Years: _____
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Pay Plan/Series/Grade/Step: _____
Brief description of Duties and Responsibilities:

Supervisor: _____ Installation: _____

■ POSITION TITLE: _____ # Years: _____
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Pay Plan/Series/Grade/Step: _____
Brief description of Duties and Responsibilities:

Supervisor: _____ Installation: _____

I will provide a Continuation Sheet for WORK EXPERIENCE. (Optional)

FORMAL EDUCATION

POINTS FOR EDUCATION:

- Up to Associate degree (5 points): _____
- Up to Bachelor degree (10 points): _____
- Up to Masters degree (15 points): _____
- Up to Doctorate degree (20 points): _____

College/University and Graduation Date:

PROFESSIONAL TRAINING

- Career-enhancing Training is valued at one point for each day in class.
- Certification with any Property Management Organization is valued at 15 points for the first certification with that organization only.

Indicate the courses you have completed, providing additional information as requested. If you need more space, use the PROFESSIONAL TRAINING Continuation Sheet (page 12). Attach a copy of official personnel training sheet or other documentation as evidence of completion.

CAREER-ENHANCING TRAINING:

- CLASS: _____ # Days: _____
Supervisor: _____ Installation: _____
- CLASS: _____ # Days: _____
Supervisor: _____ Installation: _____
- CLASS: _____ # Days: _____
Supervisor: _____ Installation: _____
- CLASS: _____ # Days: _____
Supervisor: _____ Installation: _____
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Supervisor: _____ Installation: _____
- CLASS: _____ # Days: _____
Supervisor: _____ Installation: _____

PROPERTY MANAGEMENT CERTIFICATIONS:

- CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____
- CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____
- CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____
- CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____

I will provide a Continuation Sheet for PROFESSIONAL TRAINING. (Optional)

SERVICE ACTIVITIES

Please select all categories that apply to you and provide information below.

If you need more space, use the SERVICE ACTIVITIES Continuation Sheet on page 13). Please attach documentation where appropriate.

I am currently a member in good standing of PHMA. (REQUIRED FOR ALL CERTIFICATIONS)

■ Membership and participation in local PHMA Chapter (5 points):

Chapter: _____ From: (Mo/Yr) _____ To: (Mo/Yr) _____

Chapter: _____ From: (Mo/Yr) _____ To: (Mo/Yr) _____

■ Board Member of PHMA International or local Chapter (10 points):

Position: _____ Term(s): _____

Position: _____ Term(s): _____

■ Member of Housing Community Organization (10 points):

Organization: _____ From: (Mo/Yr) _____ To: (Mo/Yr) _____

Organization: _____ From: (Mo/Yr) _____ To: (Mo/Yr) _____

■ Published article in *Defense Communities* or similar (3 points).

Title of Article: _____ Date: (Mo/Yr) _____

Title of Article: _____ Date: (Mo/Yr) _____

■ Other Housing service activity or accomplishment (5 points): (Please describe below)

■ ACTIVITY: _____

Description: _____ Year: _____

■ ACTIVITY: _____

Description: _____ Year: _____

■ ACTIVITY: _____

Description: _____ Year: _____

■ ACTIVITY: _____

Description: _____ Year: _____

■ ACTIVITY: _____

Description: _____ Year: _____

■ ACTIVITY: _____

Description: _____ Year: _____

I will provide a Continuation Sheet for SERVICE ACTIVITIES. (Optional)

DEFENSE FUNCTIONAL SPECIALIST (DFS)

Minimum requirements to qualify for DFS CERTIFICATION:

1. Member in good standing of PHMA.
2. Completion of a total of three MHLI courses within the last 18 months.
3. Each course is from a different FOCUS area within the last 18 months.
4. Six months related work experience.

To apply for your Defense Functional Specialist (DFS) Certification ONLY, please complete the information below.

PLEASE NOTE: You must have completed a total of three MHLI courses, each from a different FOCUS area, within the past 18 months BEFORE submitting your application.

■ Focus Area 1: _____

Course Code: _____ Location: _____ Date: (Mo/Yr) _____

■ Focus Area 2: _____

Course Code: _____ Location: _____ Date: (Mo/Yr) _____

■ Focus Area 3: _____

Course Code: _____ Location: _____ Date: (Mo/Yr) _____

FOCUS AREAS and COURSE CODES are provided below from WWW.MHLI.ORG. Please visit MHLI.ORG for more information.

CUSTOMER FOCUS AREA:

CS 100, CS 103, CS 104, CS 105, HSO 100, HSO 200 and HSO 300

FINANCIAL FOCUS AREA:

FIN 200, FIN 201, FIN 204, PVT 602, PVT 603 and PVT 604

FACILITIES FOCUS AREA:

FAC 300, FAC 301, FAC 303, FAC 304, FAC 305, FAC 306, FAC 307 and FAC 308

MANAGEMENT FOCUS AREA:

MGT 400, MGT 401, MGT 402, MGT 403, MGT 404 and MGT 405

UPH/LODGING FOCUS AREA:

UPH 500, UPH 501, UPH 502, UPH 503, UPH 504 and UPH 505

PRIVATIZATION FOCUS AREA:

PVT 600, PVT 600A, PVT 600B and PVT 605

PHMA CERTIFICATIONS (LEVEL 1, 2 AND 3)

Minimum point requirements to qualify for PHMA CERTIFICATIONS are as follows:

- Level One Certification: DEFENSE HOUSING MANAGER (DHM) = 75 Points*
- Level Two Certification: DEFENSE HOUSING PROFESSIONAL (DHP) = 195 Points*
- Level Three Certification: DEFENSE HOUSING DIRECTOR (DHD) = 250 Points*

***IMPORTANT NOTE:** For complete PHMA Certification requirements, please visit our Web site at www.phma.com/certifications BEFORE submitting your application.

Complete this section ONLY when applying for Defense Housing Manager (DHM), Defense Housing Professional (DHP) or Defense Housing Director (DHD).

Use the TALLY SHEET below to insure you have enough points for the level of certification you are applying for BEFORE competing your application.

Certification Level	Minimum Points Required	Work Experience	Formal Education & Professional Training	Service Activities
DHM – Level 1	75	15	30	No Minimum
DHP – Level 2	195	30	80	No Minimum
DHD – Level 3	250	40	120	No Minimum

TALLY SHEET FOR CERTIFICATION POINTS:

_____ WORK EXPERIENCE

See page 2 to calculate points (*with Continuation Sheet if needed*).

_____ FORMAL EDUCATION & PROFESSIONAL TRAINING

See pages 2 and 3 to calculate points (*with Continuation Sheet if needed*).

_____ SERVICE ACTIVITIES

See page 4 to calculate points (*and Continuation Sheet if needed*).

_____ = TOTAL CERTIFICATION POINTS EARNED*

*** Complete the additional information required on page 7 when you have achieved your goals for certification!**

PHMA CERTIFICATIONS (LEVEL 1 AND 2)

Additional course requirements to qualify for PHMA CERTIFICATIONS are as follows:

- Completion of any two MHLI courses, within the last 18 months is required for Level One Certification: DEFENSE HOUSING MANAGER (DHM).
- Level Two Certification: DEFENSE HOUSING PROFESSIONAL (DHP) requires completion of any two new MHLI courses, in addition to Level One courses, within the last 18 months.
- Level Two Certification: DEFENSE HOUSING PROFESSIONAL (DHP) also requires completion of any IREM or NAA course of at least two days.

Complete this section when you are applying for Defense Housing Manager (DHM) and Defense Housing Professional (DHP) ONLY.

- MHLI Course 1: _____
Course Code: _____ Location: _____ Date: (Mo/Yr) _____
- MHLI Course 2: _____
Course Code: _____ Location: _____ Date: (Mo/Yr) _____
- IREM or NAA Training: (Level 2 ONLY) _____
Organization: _____ Location: _____ Date: (Mo/Yr) _____

DEFENSE HOUSING DIRECTOR (LEVEL 3)

Additional requirements to qualify for DEFENSE HOUSING DIRECTOR (DHD) follow:

1. Completion of Certification at Level One (DHM) and Level Two (DHP).
2. Completion of the MHLI MGT 404: Executive Retreat (GS 12 and above), within the last 18 months.
3. Completion of any service management or property management course of at least three days.
4. You must have four years supervisory or headquarters staff experience.

ONLY Complete the section below when applying for Defense Housing Director (DHD).

- MGT 404 Course Location: _____ Date: (Mo/Yr) _____
- Service or Property Management Course: _____
Organization: _____ Location: _____ # Days: _____
- I will attach required RESUME (OR OUTLINE) detailing four years of supervisory or headquarters staff experience, including dates and specific job duties. (REQUIRED)

CERTIFIED DEFENSE ASSET MANAGER (CDAM)

You must be a Member in good standing of PHMA or IREM and have successfully completed all the course requirements below to qualify for CDAM CERTIFICATION.

ONLY Complete this section to apply for Certified Defense Asset Manager (CDAM).

■ **Completion of FAC 303 or FAC 304 (or IREM Equivalent):**

Course Code: _____ (or) IREM Course: _____

Location: _____ Date: (Mo/Yr) _____

■ **Completion of FAC 308: Asset Management for the 21st Century:**

Location: _____ Date: (Mo/Yr) _____

■ **Completion of FIN 204: Economics of Asset Management:**

Location: _____ Date: (Mo/Yr) _____

CERTIFIED DEFENSE REFERRAL SPECIALIST (CDRS)

You must be a Member in good standing of PHMA and you have successfully complete all the course requirements below to qualify for CDRS CERTIFICATION.

Complete this section ONLY to apply for Certified Defense Referral Specialist (CDRS).

■ **Completion of HSO 100:**

Location: _____ Date: (Mo/Yr) _____

■ **Completion of HSO 200:**

Location: _____ Date: (Mo/Yr) _____

■ **Completion of HSO 300:**

Location: _____ Date: (Mo/Yr) _____

■ **Completion of CS 100:**

Location: _____ Date: (Mo/Yr) _____

■ **Completion of CS 200:**

Location: _____ Date: (Mo/Yr) _____

PHMA CERTIFICATION PROGRAM APPLICATION FORM

TERMS OF APPLICATION

In submitting this application for certification, I acknowledge that the information I have provided is accurate. I understand that my certification is based upon this application, any support materials I have enclosed and a favorable recommendation from my supervisor. I further understand that it is my responsibility to provide sufficient evidence to substantiate the "qualifying points" required for certification.

I have given my Supervisor the Certification Program Verification and Recommendation Form for direct submission to PHMA (see page 10).

A check or money order for \$65.00, payable to PHMA, is enclosed. I understand that \$10.00 of this fee is nonrefundable.

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Signature: _____ Date: (Mo/Yr) _____

FOR PHMA OFFICE USE ONLY

■ Application received on: _____ Initials: _____

■ Supervisor's Verification and Recommendation received on: _____ Initials: _____

■ Admin review completed on: _____ Initials: _____

Completed **Incomplete**

■ If application is incomplete, date returned to applicant: _____ Initials: _____

■ Certification Decision: **Awarded** **Denied**

_____ Date: (Mo/Yr) _____

If awarded, Certification Number assigned: _____ Initials: _____

If awarded, date Certification Packet mailed: _____ Initials: _____

If denied, date Application returned to Applicant: _____ Initials: _____

■ Remarks: _____



Certification Program Supervisor's Form

Please read ALL instructions carefully and provide information requested.

Mail completed form to: PHMA Certifications, 154 Fort Evans Road NE, Leesburg, VA 20176

If you have questions, please call: 703-771-1888. ***Please type or print clearly!***

The Professional Housing Management Association (PHMA) Certification Program recognizes attainment of specific levels of operational and managerial expertise. Through this Certification, the Association seeks to recognize highly qualified career employees for their professional education, experience and contributions to the housing management career field. Those who earn Certification are seen as highly competent, respected professionals who are knowledgeable in their positions. The applicant identified below has been instructed to give this form to a **FIRST** or **SECOND LINE SUPERVISOR**, who should complete the form and return it directly to PHMA. A completed copy of this form should NOT be provided to the applicant.

VERIFICATION AND RECOMMENDATION

I verify that the individual identified below has correctly identified her/his organization, position and job tenure.

Her/his job responsibilities include: _____

Additional comments: _____

Signature: _____ Date: (Mo/Yr) _____

Name: _____ Title: _____

APPLICANT PERSONAL & EMPLOYMENT DATA

Name: (Mr./Mrs./Ms./Rank) _____

Present Position: _____ Since: (Mo/Yr) _____

Office Address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Fax Number: (Comm) _____ E-mail Address: _____

■ For fastest delivery: You may fax this completed form to 703-771-0299.

WORK EXPERIENCE (continued)

■ POSITION TITLE: _____ # Years: _____
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Pay Plan/Series/Grade/Step: _____
Brief description of Duties and Responsibilities:

Supervisor: _____ Installation: _____

■ POSITION TITLE: _____ # Years: _____
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Pay Plan/Series/Grade/Step: _____
Brief description of Duties and Responsibilities:

Supervisor: _____ Installation: _____

■ POSITION TITLE: _____ # Years: _____
From: (Mo/Yr) _____ To: (Mo/Yr) _____ Pay Plan/Series/Grade/Step: _____
Brief description of Duties and Responsibilities:

Supervisor: _____ Installation: _____

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Brief description of Duties and Responsibilities:

Supervisor: _____ Installation: _____

PROFESSIONAL TRAINING (continued)

CAREER-ENHANCING TRAINING:

- CLASS: _____ # Days: _____
Supervisor: _____ Installation: _____
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Supervisor: _____ Installation: _____
CLASS: _____ # Days: _____
Supervisor: _____ Installation: _____

PROPERTY MANAGEMENT CERTIFICATIONS:

- CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____
CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____
CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____
CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____
CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____
CERTIFICATE: _____ Year: _____
Supervisor: _____ Organization: _____

SERVICE ACTIVITIES (continued)

- Member of Housing Community Organization (10 points):

Organization: _____ From: (Mo/Yr) _____ To: (Mo/Yr) _____

Organization: _____ From: (Mo/Yr) _____ To: (Mo/Yr) _____

- Published article in Defense Communities or similar (3 points).

Title of Article: _____ Date: (Mo/Yr) _____

Title of Article: _____ Date: (Mo/Yr) _____

- Other Housing service activity or accomplishment (5 points): (Please describe below)

ACTIVITY: _____

Description: _____ Year: _____

ACTIVITY: _____

Description: _____ Year: _____

ACTIVITY: _____

Description: _____ Year: _____

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