



Certification Program Application Forms

Mail this completed form to: PHMA
 P.O. Box 4251
 Leesburg, VA 20177

If you have questions, go to
 Website: www.phma.com or call (703) 327-6873

PERSONAL DATA (Please type or print clearly)

Name (Mr./Mrs./Ms./Rank)			
Home Mailing Address (If overseas, must use Unit/Office/APO address)			
City	State	ZIP Code	Country
Business Phone (Com #, add country code) ()	Home Phone ()	E-mail Address	

QUALIFYING DATA

- Work Experience – attach your resume or a summary that supports your housing work experience (minimum 6 months Functional Level, 3 years Level One, 6 years Level Two, 8 years Level Three).
- Education and Training – Complete the attached form.
- Service Activities – Document on the attached form any activity you have been engaged in. See our website guidelines for activities for which points are awarded.

CERTIFICATION STATUS AND REQUEST

I presently do NOT hold any PHMA Certification

I presently am certified by PHMA as a (Check all that apply):

- Certified Defense Functional Specialist, Functional Level
- Certified Defense Housing Manager, Level One
- Certified Defense Housing Professional, Level Two

Regular **Associate**

I wish to apply for certification as a (Check only **one** on this form; additional applications may accompany this one.)

- Certified Defense Functional Specialist (**DFS**); Functional Level
- Certified Defense Housing Manager (**DHM**); Level One
- Certified Defense Housing Manager, Associate (**DHA**); Level One
- Certified Defense Housing Professional (**DHP**); Level Two
- Certified Defense Housing Director (**DHD**); Level Three

PHMA MEMBERSHIP (Membership required. Extra points awarded for Chapter or International Board positions.)

From	To	Chapter	Chapter Board Position	From	To	International Board Position

SERVICE ACTIVITIES (An optional category. Provide sufficient detail to permit evaluation by the Certification Board. Attach documentation where appropriate. If you need more space, use a blank sheet. Go to our website [www.phma.com] for examples of activities which are awarded points.)

TERMS OF APPLICATION

In submitting this application for Certification, I affirm 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 am aware that this Certification is of limited tenure and that I have the future responsibility to meet the requirements for Re-certification within five years of the award of the certification for which I now make application. Finally, I subscribed to and am attaching a signed copy of the PHMA Credo/Standards of Conduct and Professionalism with this application.

☞☞ I have given my Supervisor the Certification Program Verification and Recommendation Form for direct submission to PHMA.

☞☞ A check or money order for \$65.00, payable to PHMA, is enclosed. I understand that \$10.00 of this fee is nonrefundable. If Certification is awarded, please **mail the Certification Packet to:**

Name _____

Address (If overseas, must use Unit/Office/APO address) _____

City _____ State _____ ZIP Code _____ Country _____

Signature _____

Date _____

CREDO

We, the members of PHMA believe that:

- ? Those seeking housing assistance are the most important people with whom we deal.
- ? Our primary responsibility is to respond to our customers' housing needs as expeditiously and efficiently as possible, consistent with sound management policies and procedures.
- ? Housing employees must have a positive, can-do attitude, tempered with common sense, patience, and compassion.
- ? We share a common goal with our customers: promotion of better housing programs. In pursuit of that goal, we must refuse to accept mediocrity, or to be overwhelmed or stymied by "bureaucracy."
- ? As housing professionals, we all have the continuing responsibility to maintain and improve our professional skills.

STANDARDS OF CONDUCT

All PHMA members pledge themselves as follows: "I pledge myself to:

- ? Provide and maintain the highest level of service to my customers.
- ? Never accept, directly or indirectly, money, favors, gratuities, entertainment or anything of value that might affect or reasonably be interpreted as affecting my impartiality or influencing my housing management decisions.
- ? Comply with the principles and objectives of the PHMA as contained in its By-laws, Credo, Standards of Conduct, and Standards of Professionalism."

STANDARDS OF PROFESSIONALISM

ALL PHMA members, regardless of position in which currently employed, must be committed to:

- ? Assuring individual and personal attention is given to each customer in the most efficient, effective, courteous and businesslike manner possible.
- ? Seeking to maintain harmonious relationships with all persons requesting housing assistance, occupants of housing, civilian contractors, private sector housing professionals, and fellow workers.
- ? Attempting to find, develop, and employ more efficient and economical ways of accomplishing housing tasks.
- ? Doing all within our power to ensure responsible, multi-year programs for all government housing facilities to be built, maintained and managed to the highest standards, but no less than private sector new construction, standards.

Signature

Date



Certification Program - Supervisor's Verification and Recommendation Form

The Professional Housing Management Association Certification recognizes attainment of specific levels of operational and managerial expertise. Through this Certification, the Association seeks to recognize highly qualified career employees for their experience, professional education 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:

Professional Housing Management Association (PHMA)
 ATTN: Certification Board
 P.O. Box 4251
 Leesburg, VA 20177

A completed copy of this form should **NOT** be provided to the applicant.

VERIFICATION AND RECOMMENDATION (Please type or print clearly)

I verify that _____ has correctly identified her/his organization, position and job tenure. Additionally, I have reviewed the application being submitted and to the best of my knowledge it is factual.	
Additional comments:	
Based upon the applicant's experience and demonstrated professional competence, I <input type="checkbox"/> do <input type="checkbox"/> do not recommend that she/he is awarded the certification for which application has been made.	
Signature	Date
Name	Title