



VIRGINIA MORTGAGE LENDERS ASSOCIATION
The Premiere Association of Real Estate Finance

Certified Faculty Member Program Candidacy Request

Name: _____

Date: _____

Chapter: _____

VMLA Courses Taught:

Date (Approximate):

Years of Mortgage Banking Experience: _____

Area(s) of expertise: _____

Years working in this/these specialty/specialties: _____

By signing below, I:

- certify that I am submitting my name as a candidate for the VMLA Certified Faculty Member Program;
- certify that I understand that my status as a Certified Faculty Member will be for a five year term, renewable for another five years if I teach a minimum of 3 VMLA courses in the preceding five year time period;
- agree to participate in a review of course material used in my VMLA courses once per year; and
- agree to complete and submit the Instructor Evaluation Form after each class taught.

Signature

Date: _____

CFM Status Approved / Denied by

State Education Chair

Date: _____