

Reserve Specialist® (RS®) Designation Application

APPENDIX A: DETAILED CLIENT REFERENCE

TO (name and address of reference):

FROM (name and address of applicant):

Dear Sir/Madam:

I have filed an application with the Community Associations Institute for Designation as a Reserve Specialist (RS). I have given your name as a reference and authorize any individual, company or institution with whom I have been associated to furnish the Reserve Specialist Designation Review Board with any information concerning my qualifications as a Reserve Specialist.

I appreciate your sending the information requested directly to the Reserve Specialist Designation Committee in the stamped-addressed envelope, which I have provided.

Reserve Specialist Designation Review Board:

This Board is required to obtain evidence of the good character and qualifications of applicants for accreditation as a Reserve Specialist. Statements by responsible persons with actual personal knowledge of the applicant's character and qualifications will be filed with the Board for consideration as evidence in such connection. All information is kept confidential.

The Board desires to emphasize that evidence submitted on this form should not be perfunctory nor made for the mere purpose of aiding the applicant to be registered. On the contrary, the execution of this statement by any person will be accepted by the Board as a deliberate act made with full knowledge of the responsibility toward the public interest involved. It should be borne in mind that the applicant is not being considered for membership in an organization, but for registration as an accredited Reserve Specialist by CAI, qualified to provide reserve schedules throughout the country.

Since the Board cannot consider an applicant for accreditation until replies are received from references, a prompt reply will expedite our handling of the applicant's request. Completed reference forms are to be mailed directly to the Reserve Specialist Designation Review Panel in the enclosed stamped-addressed envelope. Thank you.

Instructions to applicant: Send a copy of this form to your reference with a stamped, addressed envelope and send the original to CAI Reserve Specialist Designation at 6402 Arlington Blvd., Suite 500, Falls Church, VA 22042 or scan and email a copy to caieducation@caionline.org.

Appendix A: Detailed Client Reference

Name of Applicant _____

1. How well do you know the applicant? Very Well Well Slightly Not At All

2. List dates (month and year) of contacts with applicant. ▼ FROM DATE (MM/YY) ▼ TO DATE (MM/YY)

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3. What is your professional relationship to the applicant? _____

4. What is your opinion of applicant's personal integrity and general character? _____

5. Is your knowledge of the applicant's experience based exclusively on your relationship described in item 3?
 Yes No If no, please indicate the basis of your knowledge. _____

6. Using the interpretations below, how do you rate the practice and quality of performance of the applicant's work?
 For this application, the following definitions apply:

Above Average: Performance unquestionably of a professional level demonstrated through competence and creative ability.

Average: Work not distinguished in content or level, but adequate for preparation of reserve schedules indicating an ability, under some supervision, to produce workable schedule.

Below Average: Barely adequate performance, needing careful checking and rather close supervision to meet requirements.

Unsatisfactory: Work of poor quality, not up to minimum professional standards. Work requires review and revision by associations or supervisors before execution.

	Above Average	Average	Below Average	Unsatisfactory
Reserve Study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of Component Inventory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Condition Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preparation of Life and Valuation Estimates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evaluation of Estimated Fund Status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Development of Funding Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responsible Charge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Please explain from your personal knowledge the type of work the applicant has performed and details of responsibility: _____

8. Do you consider that the applicant demonstrated a professional level of competence in his/her work?
 Yes No If no, please indicate why. _____

9. Remarks. The Committee will appreciate any additional information or amplifying information regarding the applicant's experience, capabilities, or limitations, if any:

10. Do you recommend the applicant for the Reserve Specialist designation? Yes No

I certify that the above statements are correct to the best of my knowledge.

PRINTED NAME

SIGNATURE

PRESENT POSITION

TELEPHONE/E-MAIL ADDRESS



6402 Arlington Blvd., Suite 500
Falls Church, VA 22042
www.caionline.org
(888) 224-4321