



# OFFICIAL APPLICATION

## Council-certified Microbial Consultant

# CMC

### THE FOLLOWING INDIVIDUALS MUST SUBMIT THIS APPLICATION:

#### 1. Candidates for the Council-certified Microbial Consultant (CMC) certification

As an ACAC certification candidate, you must:

- Complete, sign, notarize and submit the **ENTIRE** application form;
- Submit the Examination & Certification fee of **\$400**;
- Pass the CMC exam with a 75% or better; and
- Await board review of the completed application file.

Your examination score will be reported directly to the CMC certification board. The ACAC staff will notify you when the CMC board has ruled on your application.

#### 2. Applicants for the Florida mold assessor license

As a Florida license applicant, you must:

- Complete, sign, notarize and submit **PAGES 2 and 3 ONLY** of this application form;
- Submit the Examination fee of **\$100**;
- Pass the CMC exam with a 75% or better; and
- Follow Florida procedures at [www.myfloridalicense.com](http://www.myfloridalicense.com) to complete the license application.

Your examination score will be reported directly to the Florida Department of Business and Professional Regulation (DBPR), which administers the mold assessor license program.

#### Registering for the CMC Examination

Once your completed application (including payment) is on file with the Council office, you may register for the CMC exam by calling (888) 808-8381. The Council staff will assist you in selecting a testing center near you. For an updated list of exam topics and item references to use in test preparation, visit [www.acac.org](http://www.acac.org) > [Certificants](#) > [Become Certified](#) > [Study Guides](#).

#### More Information

For a detailed description of the CMC program, including objectives, eligibility requirements, body of knowledge and required skills, examination and certification procedures, fees, recertification requirements, due process and reinstatement policies, rules for use of logos and designation titles and the ACAC code of conduct. please download a CMC program description from



**OFFICIAL APPLICATION**  
 Council-certified  
 Microbial Consultant

**CMC**

Mail completed applications to The American Council for Accredited Certification, PO Box 11599  
 Glendale, AZ 85318-1599. Each packet must include:

- A signed, notarized application form.
- Four signed project sheets. (ACAC certification candidates only)
- A notarized employer affidavit for projects you worked on as an employee. (ACAC certification candidates only -- not applicable to self-employed contractors or company owners)
- A check or money order for the application and/or examination fees. Credit card payments are accepted by phone.

Staff Use Only	
Received by	Date
Verified by	Date
Verified by	Date
Payment type	Amount

The CMC Certification Board will treat the information in this application as confidential.

**CONTACT INFORMATION**

**Full Name:** \_\_\_\_\_

**Complete Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Last 4 Digits of SSN:** \_\_\_\_\_

**Professional Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Complete Business Address:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Business FAX:** \_\_\_\_\_

**Company URL:** \_\_\_\_\_

**Address for Correspondence:**

\_\_\_\_\_ **Home**

\_\_\_\_\_ **Business**

**Prep Course Provider:** \_\_\_\_\_

**Prep Course Site and Date:** \_\_\_\_\_

**Licenses and Designations:**

Please list or describe any professional designations, licenses or registrations currently held, and the circumstances under which any such titles have been denied or revoked.

## ELIGIBILITY

Candidates for the CMC certification must demonstrate a combined eight (8) years of post secondary science-related education and relevant field experience. If education is claimed, transcripts must be included with this application. Experience must include the design and execution of microbial sampling regimens. State license applicants must meet eligibility requirements published by each state.

### EDUCATION

**High School/GED:** \_\_\_\_\_ **College/University:** \_\_\_\_\_  
**City and State:** \_\_\_\_\_ **City and State:** \_\_\_\_\_  
**Year of Graduation:** \_\_\_\_\_ **Degree, Year, Major:** \_\_\_\_\_

### YEARS OF IAQ FIELD EXPERIENCE: \_\_\_\_\_

Please briefly describe your work experience in designing and conducting microbial sampling regimens:

### Check All That Apply:

- \_\_\_\_\_ I am taking the CMC examination in order to obtain a license in the state of \_\_\_\_\_.
- \_\_\_\_\_ I am taking the CMC examination in order to obtain ACAC certification as a CMC.

**AFFIDAVIT:** By signing this application, I make the following statements:

- I am aware of and abide by all local, state and Federal regulations governing asbestos, lead and other hazardous materials.
- I agree to comply with the ACAC code of conduct and pledge myself to the highest ethical standards.
- I agree to restrict my use of the CMC to the activities for which certification has been granted.
- I understand that if I pass the CMC examination in order to obtain a state license, I am NOT thereby certified as a CMC unless I also complete the ACAC certification process as described in the CMC program description.
- I agree to refrain from using the CMC in such a manner as to bring the ACAC into disrepute.
- I agree to refrain from making any statements regarding the CMC which the ACAC may consider misleading or unauthorized.
- I agree to refrain from using the CMC in a misleading manner.
- I understand that the CMC certificate remains the property of the ACAC.
- I agree to discontinue the use of all claims to the certification in the event that it is suspended or withdrawn and to return the CMC certificate promptly to the ACAC.
- I understand that the application fee is non-refundable.
- I agree to indemnify and hold harmless the ACAC and all its agents and employees from and against any liability whatsoever in connection with this application, the CMC examination and/or the granting of or failure to grant certification.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Notary Public:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_

**Notary Seal/Stamp:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**ACAC Certification candidates:**

You must complete pages 5-9.

**State license applicants:**

You do not need to complete pages 5-9,  
unless you also wish to be considered for ACAC certification.



Formerly the American  
Indoor Air Quality Council

# AFFIDAVIT OF FIELD EXPERIENCE

## American Council for Accredited Certification

**Candidate: Submit this form for projects on which you worked as an employee. Do not submit this form if you were a self-employed contractor or company owner.**

I understand that \_\_\_\_\_ (the CANDIDATE) is applying to the American Council for Accredited Certification for the following certification:

**Council-certified Microbial Consultant (CMC)**

I hereby attest to the Candidate's direct involvement in the following projects (please list projects by the name used to identify them on the Candidate's Project Sheets):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

By signing this form, I make the following statements:

- The Candidate worked under my supervision on the projects listed above.
- The information contained in the attached project sheets is, to the best of my knowledge, a true and correct account of the Candidate's direct participation in these projects.

I understand that this information will be treated as confidential by the American Council for Accredited Certification.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Name (Please print or type)

\_\_\_\_\_  
Company and Title

\_\_\_\_\_  
Phone email

\_\_\_\_\_  
Notary Public Date

Notary Seal or Stamp

# American Council for Accredited Certification – Project Sheet

This form is one of FOUR project sheets that must be submitted with your application to fulfill the experience requirement. Each project sheet must name an individual (the verification contact or employer) who is qualified to attest to your involvement in the project. Please fill out this form completely – **all fields are required**. Mail completed forms to The American Council for Accredited Certification, PO Box 11599, Glendale, AZ 85318-1599. The Council will treat the information in this project sheet as confidential.

<b>Applicant's Name:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Phone Number:</b> _____	<b>For staff use only:</b>  <b>Verified (date):</b> _____  <b>Staff initials:</b> _____
<b>Verification Contact (or Employer) Name:</b> _____ <b>Company/Title:</b> _____ <b>Phone Number:</b> _____ <b>Contact (or Employer) Email Address:</b> _____	<b>Licenses applicable to this project:</b> _____ _____ _____
<b>Project Name:</b> _____ <b>Project Address:</b> _____ <b>Type &amp; Size of Facility:</b> _____ <b>Start Date of Project (mm/yyyy):</b> _____	<b>Project type – circle (and summarize below) all that apply:</b> Microbial    Lead/Asbestos  Building Science    IAQ/HVAC  IH/Chemical/Toxicology

## Project Summary

Applicant's title/duties on the project: \_\_\_\_\_

In the space below, provide THREE details: 1) a summary of the problem, 2) a detailed explanation of **your personal responsibilities** on the project and 3) a brief statement of the outcome of the project. Please do not include the client's confidential report.

**Applicant Signature:**

*I hereby attest that the above information is true and correct to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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