



OFFICIAL APPLICATION

Council-certified Microbial Remediator

CMR

THE FOLLOWING INDIVIDUALS MUST SUBMIT THIS APPLICATION:

1. Candidates for the Council-certified Microbial Remediator (CMR) 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 CMR exam with a 75% or better; and
- Await board review of the completed application file.

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

2. Applicants for the Florida mold remediator 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 CMR exam with a 75% or better; and
- Follow Florida procedures at 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 remediator license program.

Registering for the CMR Examination

Once your completed application (including payment) is on file with the Council office, you may register for the CMR 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 > [Certificants](#) > [Become Certified](#) > [Study Guides](#).

More Information

For a detailed description of the CMR 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 CMR program description from



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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 CMR 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 CMR certification must demonstrate a combined two (2) 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 microbial remediation projects. 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 conducting microbial remediation projects:

Check All That Apply:

- _____ I am taking the CMR examination in order to obtain a license in the state of _____.
- _____ I am taking the CMR examination in order to obtain ACAC certification as a CMR.

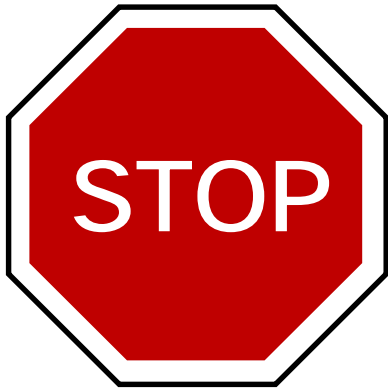
AFFIDAVIT: By signing this application, I make the following statements:

- 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 CMR to the activities for which certification has been granted.
- I understand that if I pass the CMR examination in order to obtain a state license, I am NOT thereby certified as a CMR unless I also complete the ACAC certification process as described in the CMR program description.
- I agree to refrain from using the CMR in such a manner as to bring the ACAC into disrepute.
- I agree to refrain from making any statements regarding the CMR which the ACAC may consider misleading or unauthorized.
- I agree to refrain from using the CMR in a misleading manner.
- I understand that the CMR 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 CMR 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 CMR 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 Remediator (CMR)

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.

Applicant's Name: _____ Address: _____ City/State: _____ Phone Number: _____	For staff use only: Verified (date): _____ Staff initials: _____
Verification Contact (or Employer) Name: _____ Company/Title: _____ Phone Number: _____ Contact (or Employer) Email Address: _____	Licenses applicable to this project: _____ _____ _____
Project Name: _____ Project Address: _____ Type & Size of Facility: _____ Start Date of Project (mm/yyyy): _____	Project type – circle (and summarize below) all that apply: 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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