



APPLICATION BOOKLET

Council-certified Microbial Remediation Supervisor

CMRS

INSTRUCTIONS:

Candidates for the CMRS must complete **three tasks** in order to become certified by the American Council for Accredited Certification:

- 1) Submit an eligible application (typed or neatly printed).
- 2) Pass the CMRS examination with a score of 75% or better
- 3) Await board review of the completed application

Task #1: The application packet

This booklet contains all the information and forms necessary for the first task: completion of the application packet. In order to apply, please take the following steps:

1. _____ Determine your eligibility by reading the program description carefully (pp. 2-7).
2. _____ Complete, sign and notarize the application form (pp. 8-9).
3. _____ Attach copies of college transcripts if you claim college credit as part of your application.
4. _____ Attach a signed, notarized employer affidavit for projects where you worked as an employee (p. 10). Not applicable to employers or self-employed individuals.
5. _____ Complete four verifiable project sheets (pp. 11-14). Employers and self-employed individuals must list contacts for telephone verification.
6. _____ Attach the application fee (credit card payments are also accepted in the Council office via phone or fax).

Task #2: The CMRS examination

Once your completed application (including payment) is on file with the Council office, you may register for the CMRS 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.certificationcouncil.org.

Task #3: Board review

Following a successful examination, the Council staff forwards the complete, eligible application to the CMRS certification board. You will be notified within approximately two weeks after the board reviews your application.

NOTE: IT IS THE CANDIDATE'S RESPONSIBILITY TO ENSURE THAT HIS OR HER APPLICATION IS COMPLETE AND ELIGIBLE. Incomplete files will not be forwarded to the board for review. Please call the Council if you need assistance in determining your eligibility or in completing the application packet.

Program Description

The American Council for Accredited Certification offers the Council-certified Microbial Remediation Supervisor (CMRS) to individuals whose training and field experience in supervising microbial remediation projects warrant professional recognition.

Objectives of the CMRS Program:

- To raise the standards of those engaged in the supervision of microbial remediation projects.
 - To identify persons with acceptable knowledge of indoor air quality and the standards and regulations affecting Council-certified Microbial Remediation Supervisors.
 - To award special recognition to those microbial remediation supervisors who have demonstrated verifiable field experience.
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Eligibility:

Applicants for the CMRS certification must demonstrate academic- and experience-related eligibility.

- Applicants must possess one of the following combinations of five (5) years education and relevant field experience:
 - A 4-year post-secondary degree or its equivalent (30 credit hours) in microbiology, engineering, science, architecture, industrial hygiene or related field of science with a minimum of one (1) year of documented field experience in microbial remediation.
 - A 2-year post-secondary degree or its equivalent (15 credit hours) in microbiology, engineering, science, architecture, industrial hygiene or related field of science with at least three (3) years of documented experience in microbial remediation.
 - No degree with at least 5 years of documented experience in microbial remediation. (high school diploma or GED required.)
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The Required Body of Knowledge:

The effective practice of microbial remediation requires detailed knowledge of a variety of subjects, from microbiology and microbial risk analysis to the various disciplines of the building sciences. For certification purposes, the candidate for the CMRS designation must demonstrate familiarity with the basic concepts and reference materials relating to microbial remediation, such as those summarized in the following list.

1. Bradley Prezant, et.al., Recognition, Evaluation and Control of Indoor Mold (Fairfax, VA: AIHA, 2008)
2. EPA, *Mold Remediation in Schools and Commercial Buildings* (Washington: EPA, 2001)
3. IICRC, *Standard S500-2006: Standard and Reference Guide for Professional Water Damage Restoration*, 3rd edition (Vancouver, WA: IICRC, 2006)
4. IICRC, *Standard S520: Standard and Reference Guide for Professional Mold Remediation* (Vancouver, WA: IICRC, 2003)
5. OSHA Standards relevant to mold remediation

The Required Skills:

A Council-certified Microbial Remediation Supervisor (CMRS) has demonstrated the following skills through a combination of documented experience, documented education and training and the successful completion of an examination process.

1. Understand the basic principles of microbial remediation as described in the listed knowledge base texts
2. Maintain familiarity with the equipment and supplies necessary to conduct a microbial remediation project, and with the methods for calibration and operation of such equipment. Assemble an interdisciplinary IAQ Management Team
3. Appreciate the safety hazards presented by microbial remediation projects, and follow the procedures necessary to protect building occupants and remediation workers from such hazards. Oversee an IAQ investigation
 - a. Follow safety regulations touching mold remediation
 - b. Employ safe work practices
 - c. Use Personal Protective Equipment (PPE) appropriately
4. Recognize the legal and liability issues surrounding microbial remediation
5. Properly address water damage in the indoor environment
 - a. Follow effective loss mitigation procedures after a water incursion
 - b. Follow completion procedures designed to return the property to a pre-loss condition
6. Conduct microbial remediation projects according to appropriate specifications
 - a. Define the scope of work for a remediation project according to relevant guidelines
 - b. Maintain thorough project documentation throughout the remediation process
7. Perform structural remediation
 - a. Design and construct appropriate containment areas and other engineering controls to prevent cross contamination and to protect worker safety and health
 - b. Remove and dispose of damaged building materials when appropriate
 - c. Employ effective cleaning methods when appropriate
8. Perform HVAC remediation
 - a. Apply relevant guidelines to assess the status of the HVAC system
 - b. Evaluate the mechanical condition and adequacy of the HVAC system and recommend necessary adjustments
 - c. Employ effective cleaning methods when appropriate
9. Perform contents remediation
 - a. Remove and dispose of damaged building contents when appropriate
 - b. Employ effective cleaning methods when appropriate
10. Prepare for post-remediation verification
 - a. Conduct appropriate monitoring activities to verify remediation effectiveness
 - b. Apply internal quality control procedures to determine when remediation has been completed
 - c. Complete appropriate project documentation

The Certification Process:

1. Complete and forward the notarized application and project sheets and a copy of diploma or transcripts. Incomplete applications will not be forwarded to the Certification Board for review.
2. Pass the closed-book examination.

- a) If the examination is not successfully passed, a mandatory 30-day waiting period and re-examination fee of \$100 is required before retaking the examination.
 - b) If the second examination is not successfully passed, a mandatory 60-day waiting period and re-examination fee of \$100 is required before retaking the examination.
 - c) If the third examination is not successfully passed, a mandatory 90-day waiting period and re-examination fee of \$100 is required before retaking the examination.
 - d) Additional attempts are not permitted beyond the fourth examination.
3. Applicants have up to 2 years from the date of their examinations to complete the application process. Examination results for applications left incomplete after two years will be considered null and void.
 4. Wait for the awarding of the certification. The Certification Board will meet approximately every four (4) weeks to review the examination results and supporting materials before voting to award the certification.
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The Application:

The Application form provides an area for contact information, academic information and experience background. We strongly recommend a notarized application be sent to the Council office prior to the examination, so that the certification staff may prepare the applicant's file for Board review.

Required Documentation:

The applicant must provide documentation of a) education and b) field experience in conducting microbial remediation projects. Required forms of documentation include:

- College transcripts and diplomas, if the application relies upon college credit;
- Project documentation forms (included in this application packet);
- Employer affidavits for projects on which the candidate worked as an employee (included in this application packet).

The application packet must include four project sheets, at least one of which must date from the first year of experience claimed.

The CMRS Examination:

1. The applicant must complete a 3-hour, closed-book, written examination. The examination questions are based on the listed core skills and required body of knowledge. For an updated list of exam topics and item references to use in test preparation, visit www.certificationcouncil.org.
2. The examination is closed-book! It is strongly recommended that candidates read the reference materials listed above before taking the examination.
3. There are 120 questions on the examination. Each question is multiple-choice with at least four (4) possible answers. A score of 75% must be achieved to pass this examination.
4. The examination is delivered electronically at an authorized testing center operated by Kryterion, Inc. There are no paper exams. Once a complete application packet is on file in the Council office, the candidate may register for the examination by calling the office at (888) 808-8381.
 - Candidates should arrive 30 minutes before the testing appointment.
 - Candidates must present two forms of government-issued identification at the testing center, one of which must be picture ID.
 - Candidates must follow proctor instructions with regard to the use of personal belongings and test materials.

- Candidates failing to abide by these rules will not be permitted to sit for the exam, and a re-examination fee of \$100 will be required.
5. All examinations contain the same questions; however, the examination questions are presented to each candidate in random order and the examination answers are presented to the candidate in random order.
 6. Examinations are graded electronically at the testing facility, and scores are available to candidates immediately. An email is sent to the candidate's email address confirming test results.
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The Certifying Body:

1. The American Council for Accredited Certification is the certifying body for this certification program.
 2. All decisions regarding application materials, examinations and the awarding of certifications are made by the CMRS Certification Board, which functions as part of the American ACAC.
 3. The certifying body's responsibility to applicants is to provide a credible certification. Operation of the certification program is closely monitored to ensure that reference materials remain current with the industry guidelines and standards and the eligibility requirements for certification are at appropriate levels. Examination questions are developed by certified CMRSs who are currently active in the field of microbial remediation. Pass/fail scores are set by the CMRS Certification Board at the ACAC annual meeting using the modified Angoff method. The Board authorizes an annual statistical review of examination item performance and test reliability and updates the examination to reflect the latest changes in our rapidly evolving field.
 4. The CMRS certification is valid for two (2) years, after which time re-certification is required.
 5. Certification Board members are required to abstain from voting on any applicant's completed file that may present a conflict of interest, either personally or professionally.
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Re-certification:

ACAC certifications are current for two years from the date of issue. The certificate holder must accumulate forty (40) Re-certification Credits (RCs) prior to the certificate's expiration date. Each RC represents one (1) hour of continuing education in a Council-registered activity. The certificate holder may accumulate the required hours at any time during the two-year certification period. An updated list of activities which qualify for RCs is available on the Council website at www.certificationcouncil.org.

Due Process Procedures:

1. The CMRS Certification Board is responsible for all facets of the certification program, including the review and evaluation of applications, the development and administration of examinations, the granting and reissuing of certificates and the adjudication of complaints against certificants.
2. **Suspensions:** If a Council-certified Microbial Remediation Supervisor does not accumulate the required re-certification credits, certification shall terminate unless, in the judgment of the Certification Board, extenuating circumstances exist and the deficiency can be readily overcome. Examples of extenuating circumstances include documentation of active military service or documentation of a serious medical condition.
3. **Complaints:** If a Council-certified Microbial Remediation Supervisor fails to abide by the ACAC Code of Conduct or is formally accused of gross negligence in the performance of his or her professional duties, the Certification Board may vote to refuse re-certification.
4. **Appeals:** Any holder of a valid Council certification or applicant for such a certification may appeal the decisions of the Certification Board.
5. Complaints or appeals shall be made in writing via certified mail to the Certification Administrator.

6. The Certification Administrator shall forward complaints or appeals to the appropriate Certification Board.
7. The Certification Board shall rule on all complaints or appeals by unanimous vote.
8. Complaints or appeals may be continued in writing via certified mail to the National Advisory Board.
9. The National Advisory Board shall be the final court of appeal and will rule on complaints or appeals by unanimous vote.

Reinstatement of the CMRS:

Council-certified Microbial Remediation Supervisors who do not acquire sufficient CMRS Re-certification Credits by their recertification date will be notified in writing to cease using the CMRS designation. They will be listed as expired on the Council website and will no longer be listed as a CMRS in any ACAC publication until such time as they resubmit to the certification process and successfully meet the current criteria for certification. Appropriate fees will apply.

Fees:

Corporate purchase orders, checks, Visa, MasterCard and American Express are accepted.

Certification Fee: \$300 for a two-year certification

- Certification fees include a \$100 non-refundable processing fee

Examination Fee: \$100

- Examination and certification fees are required prior to taking examinations

Re-certification Fee: \$300

- Re-certification is for a two-year period and requires documentation of continuing education. Re-certification fees include a \$100 non-refundable processing fee.

Re-examination Fees: \$100.

- For those who failed a previous exam

Penalties: \$50 for late re-certification.

- May be waived in case of documented active military duty or medical issues

Emeritus (Retired) Status:

1. Retired Council-certified Microbial Remediation Supervisor who are at least 62 years of age may be granted emeritus status in their designation as long as they are no longer engaged in professional practice as a CMRS. Such persons will be granted the title "Emeritus".
2. Re-certification Fees for Emeritus (Retired) Status: **\$50 USD** for each two-year certification.
 - A photocopy of a current driver's license must accompany the request for Emeritus Status.
3. Continuing education is not required.
4. To return to active status, emeritus certificants must notify the Council in writing and pay a \$50 fee for a two-year active certification. At the end of the two-year period, all normal re-certification policies will apply.

Use of the CMRS Designation:

- A Council-certified Microbial Remediation Supervisor (CMRS) may use the designation with his/her name on organization letterheads, business cards and all forms of address. When using the CMRS designation, we encourage the spelling out of the designation fully in smaller print immediately below the signature block, as in the following example:

John Doe, CMRS

Council-certified Microbial Remediation Supervisor
Board-awarded by the American Council for Accredited Certification

- Certification is for individuals only. The CMRS designation may not be used to imply that an organization or firm is certified.
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ACAC Code of Conduct:

- **Objective**

The objective of this code is to provide standards of appropriate conduct for the certificants of the American Council for Accredited Certification as they engage in their individual professions.

- **Rules of Conduct**

Certificants of the American Council for Accredited Certification shall:

- Practice their respective professions following accepted industry standards and guidelines.
- Exercise caution not to misrepresent their credentials, training or experience in the course of their professional activities.
- Deal responsibly in advising parties regarding potential damage to property and/or risk to health.
- Maintain confidentiality concerning both personal and business information gathered in the performance of their professions, except in the case of overriding legal and/or health concerns.
- Avoid instances where potential conflict of interest or compromise of professional judgment may occur.
- Act with integrity to uphold the standards of their profession and of the Council and avoid any conduct that could adversely reflect on the Council and its certificants.

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We reserve the right to change/update our certification examination material, eligibility requirements and re-certification requirements at anytime we deem necessary to maintain the professional integrity and validity of our certification.

Updated: 7-31-09



OFFICIAL APPLICATION
 Council-certified
 Microbial Remediation Supervisor

CMRS

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.
- A notarized employer affidavit for projects you worked on as an employee. (Not applicable to self-employed contractors or company owners)
- A check or money order for the application fee. (Credit card payments accepted by phone)

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

The CMRS 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

The CMRS requires a combined five (5) years of post secondary science-related education and relevant field experience. Education should include disciplines related to Indoor Air Quality. Experience must include the supervision of microbial remediation projects.

EDUCATION

High School/GED:

City and State:

Year of Graduation:

College/University:

City and State:

Degree and Year:

Major:

YEARS OF IAQ FIELD EXPERIENCE: _____

Please briefly describe your work experience in supervising and conducting microbial remediation projects:

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 CMRS to the activities for which certification has been granted.
- I agree to refrain from using the CMRS in such a manner as to bring the ACAC into disrepute.
- I agree to refrain from making any statements regarding the CMRS which the ACAC may consider misleading or unauthorized.
- I agree to refrain from using the CMRS in a misleading manner.
- I understand that the CMRS 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 CMRS 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 CMRS examination and/or the granting of or failure to grant certification.

Applicant Signature: _____ **Date:** _____

Notary Public: _____ **Exp. Date:** _____

Notary Seal/Stamp: _____ **Date:** _____

Incomplete application packets will not be forwarded to the Board for review.



AFFIDAVIT OF FIELD EXPERIENCE

American Council for Accredited Certification

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

Council-certified Microbial Remediation Supervisor (CMRS)

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: _____

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

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Applicant Signature:

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

Signature: _____ Date: _____

American Council for Accredited Certification – Project Sheet

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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

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Applicant Signature:

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Signature: _____ Date: _____

American Council for Accredited Certification – Project Sheet

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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

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Applicant Signature:

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

Signature: _____ Date: _____