



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 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.

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 www.acac.org.

Filling out the application form

You can fill this application form out on your computer, then print or scan a copy for your records (you cannot save data typed into this form unless you have a PDF authoring application such as Adobe Acrobat). If you have trouble typing into the form, make sure your PDF reader is set to view document in PDF mode, rather than PDF/A mode. In Adobe Reader, go to Edit > Preferences > Documents and set the PDF/A View Mode to "Never."



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FAX the completed application to (888) 894-3590 or email an electronic copy to info@acac.org.

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)
- Payment of application/exam fees. Pay by phone, or mail a check or money order to ACAC at PO Box 1000, Yarnell AZ 85362.

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: _____ **Mobile Phone:** _____

_____ **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.



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**. FAX completed forms to (888) 894-3590 or email electronic copies to info@acac.org. 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: _____ Project Name: _____ Project Address: _____ Type & Size of Facility: _____ Start Date of Project (mm/yyyy): _____	Licenses applicable to this project: _____ _____ _____ _____ _____ _____

Project Summary

Applicant's title/duties on the project: _____

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

NOTE: ACAC strongly discourages certificants from performing both assessment and remediation services on the same project. ACAC certification boards may not accept applications that document such activities.

DISCLAIMER: In evaluating field experience, ACAC certification boards seek to verify that candidates for certification have been actively engaged in the disciplines served by the certification program – nothing more. The vote to award certification does not imply approval or endorsement of the practices, procedures or techniques described in these project sheets.

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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