



APPLICATION FORM

Council-certified Structural Mold Investigator

CSMI

INSTRUCTIONS:

Candidates for the CSMI 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 CSMI examination with a score of 70% 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 (www.acac.org/forms/applications/csmidescription.pdf)
2. _____ Complete, sign and notarize this application form.
3. _____ Attach the application fee (credit card payments are also accepted in the Council office via phone or fax).

Task #2: The CSMI examination

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

Task #3: Board review

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

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."

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.



OFFICIAL APPLICATION
Council-certified Structural
Mold Investigator

CSMI

Please FAX notarized application to **(888) 894-3590** or email an electronic copy to info@acac.org. Checks may be mailed to PO Box 1000 Yarnell, AZ 85362.

(Office Use Only)	
Received by: _____	Date: _____

CONTACT INFORMATION

Full Name: _____
Professional Title: _____
Company Name: _____
Business Address: _____
Cit/State/ZIP Code: _____
Business Phone: _____
Email Address: _____
FAX Number: _____
Last 4 Digits of SSN: _____
Home Address: _____
City/State/ZIP: _____
Home Phone: _____
Mobile Phone: _____

Licenses and Designations Held:

CSMI COURSE INFORMATION

Course Dates (if any):

Course Provider Name:

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

- I am legal to work in the country where I reside and currently employed in the field of structural mold investigation.
- 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 CSMI to the activities for which certification has been granted and to abide by the limitations of the designation.
- I agree to refrain from using the CSMI in such a manner as to bring the ACAC into disrepute.
- I agree to refrain from making any statements regarding the CSMI which the ACAC may consider misleading or unauthorized.
- I agree to refrain from using the CSMI in a misleading manner.
- I understand that the CSMI 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 CSMI certificate to the ACAC.
- I understand that the application fee is non-refundable.
- I understand that dropping the word "structural" from the designation title or the letter "S" from its acronym is grounds for immediate revocation of this designation.
- 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 CSMI examination and/or the granting of or failure to grant certification.

Applicant Signature: _____ **Date:** _____

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

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