



# AFFIDAVIT OF PARTICIPATION

## American Council for Accredited Certification

I understand that \_\_\_\_\_ (the CERTIFICANT) is applying to the American Council for Accredited Certification (ACAC) for re-certification credits (RCs) as a Council-certified professional.

I understand that the ACAC grants up to 12 RCs per year to Council-certified professionals who assists a public or private school in implementing or maintaining an IAQ program such as EPA's *Tools for Schools* (TfS).

By signing this form, I make the following statements:

- The Certificant is either a school employee or an unpaid volunteer.
- The Certificant's involvement in the IAQ program did not include the marketing of goods or services.
- The Certificant participated directly in the implementation or maintenance of an IAQ program at the following school or school district:

School/District Name: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Candidate's Involvement (mm/yy): \_\_\_\_\_ to \_\_\_\_\_

Number of months Candidate was involved in the school's IAQ program: \_\_\_\_\_

I understand the ACAC will hold this information confidentially.

\_\_\_\_\_  
Signature (may be subject to verification)

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
email