



# APPLICATION BOOKLET

Council-certified  
Indoor Environmental Remediator

# CIER

## INSTRUCTIONS:

Candidates for the CIER 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 CIER 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 ([www.acac.org/forms/applications/cierdescription.pdf](http://www.acac.org/forms/applications/cierdescription.pdf))
2. \_\_\_\_\_ Complete, sign and notarize this application form.
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. 4). Not applicable to employers or self-employed individuals.
5. \_\_\_\_\_ Complete four verifiable project sheets (pp. 5-8). 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 CIER examination

Once your completed application (including payment) is on file with the Council office, you may register for the CIER 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](http://www.certificationcouncil.org).

### Task #3: Board review

Following a successful examination, the Council staff forwards the complete, eligible application to the CIER 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  
 Indoor Environmental Remediator

**CIER**

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

The CIER requires a combined two (2) years of post secondary science-related education and relevant field experience. Education should include disciplines related to indoor environmental remediation. Experience must include remediation projects in at least two of the following five areas: 1. Asbestos, 2. Lead, 3. Hazardous materials, 4. Microbial/Allergens, 5. IH/Chemicals/Toxicology.

### EDUCATION

**High School/GED:** \_\_\_\_\_ **College/University:** \_\_\_\_\_

**City and State:** \_\_\_\_\_ **City and State:** \_\_\_\_\_

**Year of Graduation:** \_\_\_\_\_ **Degree and Year:** \_\_\_\_\_

**Major:** \_\_\_\_\_

### YEARS OF IAQ FIELD EXPERIENCE: \_\_\_\_\_

Please briefly describe your remediation experience, describing the type of experience gained (i.e., Asbestos, Lead, Hazardous materials, Microbial, Chemical, etc.):

**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 CIER to the activities for which certification has been granted.
- I agree to refrain from using the CIER in such a manner as to bring the ACAC into disrepute.
- I agree to refrain from making any statements regarding the CIER which the ACAC may consider misleading or unauthorized.
- I agree to refrain from using the CIER in a misleading manner.
- I understand that the CIER 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 CIER 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 CIER 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 Indoor Environmental Remediator (CIER)**

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 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.

<b>Applicant's Name:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Phone Number:</b> _____	<b>For staff use only:</b> <b>Verified (date):</b> _____ <b>Staff initials:</b> _____
<b>Verification Contact (or Employer) Name:</b> _____ <b>Company/Title:</b> _____ <b>Phone Number:</b> _____ <b>Contact (or Employer) Email Address:</b> _____	<b>Relevant licenses held by applicant:</b> _____ _____ _____
<b>Project Name:</b> _____ <b>Project Address:</b> _____ <b>Type &amp; Size of Facility:</b> _____ <b>Start Date of Project (mm/yyyy):</b> _____	<b>Project Type (circle all that apply):</b> Asbestos                      Hazardous Materials Microbial/Allergens        Lead IH/Chemical/Toxicology

## 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: \_\_\_\_\_

# 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.

<b>Applicant's Name:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Phone Number:</b> _____	<b>For staff use only:</b> <b>Verified (date):</b> _____ <b>Staff initials:</b> _____
<b>Verification Contact (or Employer) Name:</b> _____ <b>Company/Title:</b> _____ <b>Phone Number:</b> _____ <b>Contact (or Employer) Email Address:</b> _____	<b>Relevant licenses held by applicant:</b> _____ _____ _____
<b>Project Name:</b> _____ <b>Project Address:</b> _____ <b>Type &amp; Size of Facility:</b> _____ <b>Start Date of Project (mm/yyyy):</b> _____	<b>Project Type (circle all that apply):</b> Asbestos                      Hazardous Materials Microbial/Allergens        Lead IH/Chemical/Toxicology

## 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: \_\_\_\_\_

# 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.

<b>Applicant's Name:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Phone Number:</b> _____	<b>For staff use only:</b> <b>Verified (date):</b> _____ <b>Staff initials:</b> _____
<b>Verification Contact (or Employer) Name:</b> _____ <b>Company/Title:</b> _____ <b>Phone Number:</b> _____ <b>Contact (or Employer) Email Address:</b> _____	<b>Relevant licenses held by applicant:</b> _____ _____ _____
<b>Project Name:</b> _____ <b>Project Address:</b> _____ <b>Type &amp; Size of Facility:</b> _____ <b>Start Date of Project (mm/yyyy):</b> _____	<b>Project Type (circle all that apply):</b> Asbestos                      Hazardous Materials Microbial/Allergens        Lead IH/Chemical/Toxicology

## 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: \_\_\_\_\_

# 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.

<b>Applicant's Name:</b> _____ <b>Address:</b> _____ <b>City/State:</b> _____ <b>Phone Number:</b> _____	<b>For staff use only:</b> <b>Verified (date):</b> _____ <b>Staff initials:</b> _____
<b>Verification Contact (or Employer) Name:</b> _____ <b>Company/Title:</b> _____ <b>Phone Number:</b> _____ <b>Contact (or Employer) Email Address:</b> _____	<b>Relevant licenses held by applicant:</b> _____ _____ _____
<b>Project Name:</b> _____ <b>Project Address:</b> _____ <b>Type &amp; Size of Facility:</b> _____ <b>Start Date of Project (mm/yyyy):</b> _____	<b>Project Type (circle all that apply):</b> Asbestos                      Hazardous Materials Microbial/Allergens          Lead IH/Chemical/Toxicology

## 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: \_\_\_\_\_