The American Council for Accredited Certification offers the Council-certified Microbial Claims Adjuster (CMCA) to individuals whose training and field experience in microbial claims adjusting warrant professional recognition.

**Objectives of the CMCA Program:**

- To raise the standards of those engaged in microbial claims adjusting.
- To identify persons with acceptable knowledge of indoor air quality and the standards and regulations affecting Council-certified Microbial Claims Adjusters.
- To award special recognition to those microbial claims adjusters who have demonstrated verifiable field experience.

**Eligibility:**

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

- Applicants must possess one of the following combinations of education and relevant field experience:
  - 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 one (1) year documented experience in microbial claims adjusting.
  - No degree with at least two (2) years experience in microbial claims adjusting. (high school diploma or GED required.)
- Applicants must be independent claims adjusters, state licensed public adjusters or employees of licensed insurance companies.

**The Required Body of Knowledge:**

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

1. American Council for Accredited Certification, *Code of Conduct* ([www.acac.org/about/conduct.htm](http://www.acac.org/about/conduct.htm))
The Required Skills:
A Council-certified Microbial Claims Adjuster (CMCA) 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 the building sciences as they relate to microbial issues in the built environment.
2. Understand the most effective procedures for controlling moisture in the built environment
3. Understand the principles and practices involved in effective remediation of microbial issues in the built environment
4. Understand the regulations and standards affecting claims related to microbial issues in the built environment.

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. If the examination is not successfully passed, a mandatory 15-day waiting period and re-examination fee is required before retaking the examination. A maximum of four examinations may be attempted.
3. Applicants have up to 90 days from the date of application to complete the application process. Applications left incomplete after 90 days 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.

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 microbial claims adjusting. Acceptable forms of project documentation include:

- A notarized reference form signed by a professional who can attest to the candidate’s work as a claims adjuster (reference forms are included on pages 9 and 10 of this booklet);
- The dated signature page from a contract to provide claims adjustment services;
- One page of a claims report that includes the location and date of the project and names the applicant as the adjuster.

The applicant must submit at least one piece of documentation for EACH year of field experience claimed.
The CMCA 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.acac.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 100 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, including submitting eyeglasses for inspection and turning out exterior pockets.
   - Candidates failing to abide by these rules will not be permitted to sit for the exam, and a re-examination fee 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.

The Certifying Body:

1. The American Council for Accredited Certification is the certifying body for this program.

2. All decisions regarding application materials, examinations and the awarding of certifications are made by the CMCA Certification Board, which functions as part of the American Council for Accredited Certification.

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 CMCA who are currently active in the field of microbial claims adjusting. Pass/fail scores are set by the CMCA 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 CMCA 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.
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.acac.org.

Due Process Procedures:

1. The CMCA 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 Claims Adjuster 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 Claims Adjuster 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. In the case of complaints, the Certification Administrator shall forward the complaint to the accused certificant and allow him or her ample time to respond.

7. The Certification Administrator, at the direction of the Executive Committee, may forward complaints or appeals to the appropriate Certification Board.

8. The Certification Board shall rule on all complaints or appeals by unanimous vote.

9. Complaints or appeals may be continued in writing via certified mail to the National Advisory Board.

10. The National Advisory Board shall be the final court of appeal and will rule on complaints or appeals by unanimous vote.

11. In resolving complaints or appeals, ACAC may rule only on its own decisions to grant or deny certification and recertification.

Reinstatement of the CMCA:

Council-certified Microbial Claims Adjusters who do not acquire sufficient CMCA Re-certification Credits by their recertification date will be notified in writing to cease using the CMCA designation. They will be listed as expired on the Council website and will no longer be listed as a CMCA 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:

All fees are listed on the ACAC website. Corporate purchase orders, checks, Visa, MasterCard and American Express are accepted.

Certification Fee for a two-year certification:
- Certification fees include a non-refundable processing fee.

**Examination Fee:**
- Examination and certification fees are required prior to taking examinations.

**Re-certification Fee:**
- Re-certification is for a two-year period and requires documentation of continuing education. Re-certification fees include a non-refundable processing fee.

**Re-examination Fees:**
- For those who failed a previous exam.

**Penalties for late re-certification:**
- May be waived in case of documented active military duty or medical issues.

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**Emeritus (Retired) Status:**
1. Retired Council-certified Microbial Claims Adjuster may be granted emeritus status in their designation as long as they are retired from professional practice as a CMCA. Such persons will be granted the title “Emeritus”.
2. Re-certification Fees for Emeritus (Retired) Status: $100 USD for each two-year certification.
3. Continuing education is not required.
4. To return to active status, emeritus certificants must notify the Council in writing and pay a fee for a two-year active certification. At the end of the two-year period, all normal re-certification policies will apply.

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**Use of the CMCA Designation:**
- A Council-certified Microbial Claims Adjuster (CMCA) may use the designation with his/her name on organization letterheads, business cards and all forms of address. When using the CMCA 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, CMCA  
  Council-certified Microbial Claims Adjuster  
  Board-awarded by the American Council for Accredited Certification

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

- **Objective**
  The objective of this code is to provide guidance for 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 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: 2-15-11
OFFICIAL APPLICATION
Council-certified
Microbial Claims Adjuster

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.
- At least one of the following for EACH year of field experience:
  a. A notarized reference form signed by a professional
     attesting to the candidate’s work as a claims adjuster.
  b. Dated signature page from a contract to perform
     adjusting services that names the applicant.
  c. One page of a claims adjustment report that includes
     the location/date of project and names the applicant.
- A check or money order for the application fee. (Credit card
  payments accepted by phone)

The CMCA 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 CMCA requires a combined two (2) years of post secondary science-related education and relevant field experience. Experience must include microbial claims adjusting.

EDUCATION
High School/GED: College/University:
City and State: City and State:
Year of Graduation: Degree and Year:
Major:

YEARS OF FIELD EXPERIENCE: _____
Please briefly describe your work experience in microbial claims adjusting:

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

• I am currently employed in the following capacity (check one):
  _____ Independent Adjuster
  _____ Licensed Public Adjuster
  _____ Insurance Company Employee

• 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 CMCA to the activities for which certification has been granted.
• I agree to refrain from using the CMCA in such a manner as to bring the ACAC into disrepute.
• I agree to refrain from making any statements regarding the CMCA which the ACAC may consider misleading or unauthorized.

• I agree to refrain from using the CMCA in a misleading manner.
• I understand that the CMCA 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 CMCA 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 CMCA 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.
I understand that ________________________________ (the CANDIDATE) is applying to the American Council for Accredited Certification for the following certification:

**Council-certified Microbial Claims Adjuster (CMCA)**

I understand that this certification is designed for independent adjusters, licensed public adjusters or employees of licensed insurance companies. I further understand that this reference will be relied upon to verify field experience necessary for certification by the American Council for Accredited Certification.

I hereby attest that, to the best of my knowledge, the Candidate worked as an independent adjuster, a licensed public adjuster or the employee of a licensed insurance company during the year ____________.

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

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I hereby attest that, to the best of my knowledge, the Candidate worked as an independent adjuster, a licensed public adjuster or the employee of a licensed insurance company during the year ____________.

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