



**OFFICIAL APPLICATION**  
Council-certified  
Microbial Remediation Supervisor

**CMRS**

**THE FOLLOWING INDIVIDUALS MUST SUBMIT THIS APPLICATION:**

**1. Candidates for the Council-certified Microbial Remediation Supervisor (CMRS) 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 CMRS exam with a 75% or better; and
- Await board review of the completed application file.

Your examination score will be reported directly to the CMRS certification board. The ACAC staff will notify you when the CMRS board has ruled on your application.

**2. Applicants for the Florida mold remediator 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 CMRS 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 CMRS Examination**

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

**More Information**

For a detailed description of the CMRS 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 CMRS program description from [www.acac.org](http://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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 Microbial Remediation Supervisor

**CMRS**

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 CMRS 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 CMRS certification must demonstrate a combined five (5) 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 supervision of microbial remediation projects. State license applicants must meet eligibility requirements published by each state. (NOTE: field experience requirement will increase to eight (8) years on January 1, 2018.)

### **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 supervising and conducting microbial remediation projects:

### **Check All That Apply:**

\_\_\_\_\_ I am taking the CMRS examination in order to obtain a license in the state of \_\_\_\_\_.

\_\_\_\_\_ I am taking the CMRS examination in order to obtain ACAC certification as a CMRS.

**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 CMRS to the activities for which certification has been granted.
- I understand that if I pass the CMRS examination in order to obtain a state license, I am NOT thereby certified as a CMRS unless I also complete the ACAC certification process as described in the CMRS program description.
- I agree to refrain from using the CMRS in such a manner as to bring the ACAC into disrepute.
- I agree to refrain from making any statements regarding the CMRS which the ACAC may consider misleading or unauthorized.
- I agree to refrain from using the CMRS in a misleading manner.
- I understand that the CMRS 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 CMRS 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 CMRS 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 Remediation Supervisor (CMRS)**

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.

<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>Project Name:</b> _____ <b>Project Address:</b> _____ <b>Type &amp; Size of Facility:</b> _____ <b>Start Date of Project (mm/yyyy):</b> _____	<b>Licenses applicable to this project:</b> _____ _____ _____ _____ _____ _____

### 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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