



# APPLICATION BOOKLET

Council-certified  
Indoor Air Quality Manager

# CIAQM

## INSTRUCTIONS:

Candidates for the CIAQM 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 CIAQM 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/ciaqmdescription.pdf](http://www.acac.org/forms/applications/ciaqmdescription.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 CIAQM examination

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

### Task #3: Board review

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

**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. Please call the Council if you need assistance in determining your eligibility or in completing the application packet.



**OFFICIAL APPLICATION**  
 Council-certified  
 Indoor Air Quality Manager

**CIAQM**

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

Each application packet must include:

- A signed, notarized application form.
- Four signed project sheets.
- A notarized employer affidavit for projects you worked on as an employee. (Not applicable to self-employed contractors or company owners)
- A check or money order for the application fee. (Credit card payments accepted by phone)

Staff Use Only	
Received by	Date
Verified by	Date
Verified by	Date
Payment type	Amount

The CIAQM 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 CIAQM requires a combined two (2) years of post secondary science-related education and relevant field experience. Education should include disciplines related to Indoor Air Quality. Experience should include property and/or asset management or corporate policy making related to indoor air quality.

### 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 work experience in property management, asset management or corporate policymaking related to indoor air quality.

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

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.

\_\_\_\_\_  
Supervisor or Employer Signature Date

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

\_\_\_\_\_  
Company and Title

\_\_\_\_\_  
Phone email

\_\_\_\_\_  
Notary Public Date

Notary Seal or Stamp







