



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)
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.acac.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.

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 the 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 documents 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."

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)
- 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 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.

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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

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.

Applicant's Name: _____		For staff use only: Verified (date): _____ Staff initials: _____
Address: _____		
City/State: _____		
Phone Number: _____		
Verification Contact (or Employer) Name: _____		Licenses applicable to this project: _____ _____ _____ _____ _____ _____ _____
Company/Title: _____		
Phone Number: _____		
Contact (or Employer) Email Address: _____		
Project Name: _____		
Project Address: _____		
Type & Size of Facility: _____		
Start Date of Project (mm/yyyy): _____		

Project Summary

Applicant's title/duties on the project: _____

In the space below, provide THREE details: 1) a summary of the problem, 2) a detailed explanation of **your personal responsibilities** on the project and 3) a brief statement of the outcome of the project. Please do not include the client's confidential report.

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

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