Certified Commissioning Authority (CxA) Candidate Application



AABC Commissioning Group
1015 18th St. NW, Suite 603
Washington, DC 20036
Phone 202.737.7775 • Fax
202.315.0285
certification@commissioning.org
www.commissioning.org

Application for CxA Certification

Introduction

ACG's Certified Commissioning Authority (CxA) certification is available to independent industry professionals who lead, plan, coordinate and manage commissioning teams to implement commissioning processes in new and existing buildings. For full CxA exam information, including eligibility requirements, exam content, exam scheduling, what to expect on exam day, organization policies, and more, refer to the CxA Candidate Handbook available at (http://www.commissioning.org/).

Application Submission Instructions

Please type or print clearly and neatly. A separate application is required for each person who is applying for CxA certification.

Fill out all sections of the application. Individuals who submit incomplete applications will be notified that the applications will not be processed.

Confirmations and other important exam information will be sent to you via email or mail. Please ensure all of your contact information is correct.

Complete this application in its entirety and submit it with all required attachments to the ACG Certification Department via mail or email.

certification@commissioning.org
ACG Certification Department
1015 18th St. NW, Suite 603
Washington, DC 20036

Please submit the following required attachments with the completed application:

1. Photocopies of current certificates showing licenses and/or other certifications of applicant (if applicable)
2. Signed/dated CxA Code of Ethics form
3. Completed Request for Accommodations form (if applicable)
4. Full Payment

The ACG Certification Council ("The Council") reserves the right to verify any information submitted as part of the application and to request further information or documentation from the applicant as needed.

Applicants will be notified via email when a completed application is received.

Application Deadline

Applications for CxA certification must be received by the ACG Certification Department at least **21 days** in advance of testing. (Extra time may be required if requesting special accommodation.) Please note that availability at some local test centers may be limited. Applicants will not be able to schedule an exam at a test center until authorized by ACG staff after your application has been reviewed and approved.

Applicant Information

First Name | Middle Initial/Name | Last Name

Street Address/PO Box

City | State/Province | Zip/Postal Code

Country | Personal Email Address (required)

Home Phone Number (with area code) | Mobile Phone Number (with area code)

Employer Information

Current Employer / Company | Job Title

Work Address

City | State/Province | Zip/Postal Code

Country | Work Email Address

Employer / Company Web Site

NOTE: Employer must qualify as independent Cx company. See "**Verification of Independence**" on page 9.

Contact Preferences

What is your preferred mailing address? ◯ Home ◯ Work

What is your preferred email address? ◯ Home ◯ Work

Commissioning/Building Industry Experience

Minimum education and experience requirements, as outlined in the table below, must be met by all applicants. Indicate below under which education/experience eligibility track you are applying.

Track	Education	Experience
1	Licensed Architect or Professional Engineer	3 years' commissioning experience
2	Bachelor's Degree in building sciences* or equivalent military training/experience	5 years' commissioning experience
3	Associate/Technical/Vocational 2 year degree, non-building sciences bachelor's degree, or equivalent military training/experience	8 years' building industry experience**, with 5 of those years in commissioning experience
4	High school diploma or GED	10 years' building industry experience**, with 5 of those years in commissioning experience

* *Building science education is defined as mechanical engineering, electrical engineering, construction science, construction management, architecture and other majors/fields of study designed to train people for careers in the building industry.*

*** Building industry experience is defined as design, construction, testing and commissioning, code enforcement, and operations.*

My education and experience qualify for certification in track _____ **above**.

Education, Licenses and Military Qualifications

Complete the sections below that describe your education under your selected track from the table above. **Proof (diploma/certificate/license) of your highest level degree/education/training is required.**

Degree – list the highest level of education earned

School Name

Degree Earned (specify type)

Field of Study

Date Completed

Professional Engineer or Registered Architect License (if applicable)

License Type

License Number

State

Expiration Date

Equivalent Military Training/Experience (if applicable)

Military Institution Name

Degree Earned (specify type)

Date Completed

Field of Study/Course Name

Experience

Complete the sections below that describe your experience under your selected track from the table above. Attach additional copies of this page as needed.

Employment History Item #1

Employer	Dates of Employment (from/to)	Position/Job Title

Applicable job responsibilities

Employment History Item #2

Employer	Dates of Employment (from/to)	Position/Job Title

Applicable job responsibilities

Employment History Item #3

Employer	Dates of Employment (from/to)	Position/Job Title

Applicable job responsibilities

Employment History Item #4

Employer	Dates of Employment (from/to)	Position/Job Title

Applicable job responsibilities

EMPLOYER USE ONLY

I_____attest to the accuracy of the applicant's expertise as shown above.

Signature	*Position*	*Date*	*Contact Phone Number*

(Copy this page and attach additional sheets as needed.)

Mandatory Commissioning Project Experience

Applicants must have participated in a minimum of three commissioning projects, which may not include one and two family residential buildings. Across the combined scope of the listed projects, the applicant must have participated in at least six of the activities in the checklist provided below (Click here to access the third-party verification form to submit for each project).

Commissioning Project #1

Project Description

Employer Name:

Project Name:

Project start/end dates:

Your Role:

Contact Information for Individual Authorized to Verify Applicant's Work

Name

Position/Job Title

Relationship to Applicant

Email Address

Phone Number

Client Description

Client Name

Street Address

City/State

Zip/Postal Code

Country

For Commissioning Project #1, in which of the following activities did you participate (check all that apply)?

- ☐ Development of an OPR/CFR
- ☐ Development of commissioning plan
- ☐ Review of a design
- ☐ Perform field verification
- ☐ Oversee performance testing
- ☐ Correction of deficiencies
- ☐ Coordination of facility operator training
- ☐ Prepare commissioning report

Third Party Verification of Project

- ☐ I have requested 3rd party verification of my work on this project, and will send it when received
- ☐ I have received 3rd party verification of my work on this project, and it is attached

Commissioning Project #2

Project Description

Employer Name:

Project Name:

Project start/end dates:

Your Role:

Contact Information for Individual Authorized to Verify Applicant's Work

Name

Position/Job Title

Relationship to Applicant

Email Address

Phone Number

Client Description

Client Name

Street Address

City/State

Zip/Postal Code

Country

For Commissioning Project #2, in which of the following activities did you participate (check all that apply)?

- ☐ Development of an OPR/CFR
- ☐ Development of commissioning plan
- ☐ Review of a design
- ☐ Perform field verification
- ☐ Oversee performance testing
- ☐ Correction of deficiencies
- ☐ Coordination of facility operator training
- ☐ Prepare commissioning report

Third Party Verification of Project

- ☐ I have requested 3rd party verification of my work on this project, and will send it when received
- ☐ I have received 3rd party verification of my work on this project, and it is attached

Commissioning Project #3

Project Description

Employer Name:

Project Name:

Project start/end dates:

Your Role:

Contact Information for Individual Authorized to Verify Applicant's Work

Name

Position/Job Title

Relationship to Applicant

Email Address

Phone Number

Client Description

Client Name

Street Address

City/State

Zip/Postal Code

Country

For Commissioning Project #3, in which of the following activities did you participate (check all that apply)?

- ☐ Development of an OPR/CFR
- ☐ Development of commissioning plan
- ☐ Review of a design
- ☐ Perform field verification
- ☐ Oversee performance testing
- ☐ Correction of deficiencies
- ☐ Coordination of facility operator training
- ☐ Prepare commissioning report

Third Party Verification of Project

- ☐ I have requested 3rd party verification of my work on this project, and will send it when received
- ☐ I have received 3rd party verification of my work on this project, and it is attached

(Copy this page and attach additional sheets as needed.)

Verification of Independence

One of ACG's core principles is the importance of independent, third party commissioning. Therefore, ACG will verify that the applicant's current employer is an independent commissioning company.

ACG defines an independent commissioning company as one that provides independent commissioning services in accordance with the ACG Commissioning Guideline, and does not also provide services that present conflicts of interest, such as manufacturing of equipment or system components, installation or other contracting, construction, or others that could affect the ability of the applicant to render an objective commissioning report.

If you change employers during the CxA application and testing process, during the certification cycle, or at any point in the future, you are required to notify the CxA Certification Department so independence can be re-verified.

☐ I attest that my current employer is an independent commissioning company, is not an equipment manufacturer, installer, contractor, etc. and is free from potential conflict of interest. *This will be verified by ACG.*

Request for Accommodations

The Council will provide reasonable and appropriate accommodations in accordance with the Americans with Disabilities Act (ADA) for individuals with documented disabilities who request and demonstrate the need for accommodation. Please refer to the Accommodations policy in the Candidate Handbook.

Candidates requesting special accommodations must submit the Request for Exam Accommodations form so it is received by the ACG Certification Department at least 30 days prior to the examination date.

☐ I am requesting an accommodation and I am attaching the completed Request for Accommodations form to this application.

Exam Location

Please indicate your preference for taking the CxA exam. Refer to the Candidate Handbook and ACG website (www.commissioning.org) for a current list of offerings at ACG events or for more information about computer-based testing centers.

Select One:

◯ **Local Testing Center**

Once approved for testing, candidates will receive a login and password that can be used to self-schedule the exam through the Webassessor system. Candidates will select the test center location, date, and time of their exam administration appointment. Exams scheduled at a testing center are administered via computer.

◯ **ACG Event**

Once approved for testing, candidates will receive a confirmation message from ACG confirming the date, time, and location of the exam. Exams scheduled at an ACG event are administered via paper and pencil.

Event name: _____ Date: _____ Location: _____

Fees and Payment

The application form must be submitted with the required fee, paid in full. In the event the application is not approved, ACG will refund this fee. The application fee is non-refundable. All fees include application processing and one examination administration.

Fee Schedule

Please check the fee category that applies to you.

○	ACG Member Company employee - Individuals testing at a local testing center, and employed by an ACG Certified Member company	$350
○	Non ACG Member Company employee - Individuals testing at a local testing center, and employed by a company that has applied for ACG membership but not yet been approved.	$400
○	Individuals testing in conjunction with an ACG Event (noted above), and employed by an ACG Certified Member company, or by a company that has submitted a completed application but has not yet achieved membership status	*Incl. with your paid event registration*
○	*All other individuals*	$2,500

Payment Information

Please provide payment information below.

Select Your Method of Payment

○	Check	*Check enclosed (payable to ACG)*
○	Credit Card	*Pay securely online by clicking here*

By submitting the signed application, you authorize ACG to charge the application and testing fee to the credit card provided and for the amount signified in the Fee Schedule section of this application.

Statement of Understanding

By completing, signing, and submitting this application I acknowledge that I:

1. Have read and understand the CxA Candidate Handbook.
2. Understand that the Council reserves the right to verify anyinformation submitted on the application and to request further information or documentation from me as needed.
3. Understand that the information I provide to ACG may be audited to verify my eligibility, andI authorize ACG to make needed inquiries to verify the information I have provided in this application.
4. Understand that providing false or misleading information at any time may be cause fordenial of this application and/or certification without refund of any fees.

Further, if this application is accepted and I become an ACG Certified Commissioning Authority, I agree:

1. To provide professional, independent commissioning services on behalf of the building ownerand comply with all requirements of the CxA certification program.
2. To uphold and abide by the CxA Code of Ethics (sign and include form found in this application).
3. To abide by the ACG Bylaws and Policies and Procedures, including annual surveillance, recertification, confidentiality, and disciplinary requirements.
4. Not to use the CxA certification in such a manner as to bring the Council or ACG into disrepute, and not to make any statement regarding the certification which the Council considers misleading or unauthorized.
5. To make claims regarding the certification only with respect to the scope for which the certification has been granted.
6. That my CxA certification will only remain valid while working for my current firm and that Iwill notify ACG promptly upon a change in my employment status. If appropriate I will submit a re-verification application, which ACG will use to verify continued independence before a new certificate will be issued.
7. To inform the Council, without delay, of any matter that affects my ability to fulfill the certification requirements.
8. To cease all claims to certification that contain any reference to the Council or CxA certification upon expiration, suspension, or withdrawal of CxA certification, and to return any certificates issued by the Council.
9. In the event my certification is expired, suspended or withdrawn, my employer may be notified by ACG.
10. Not to revise or alter the certificate, logo, or mark in any manner, or to otherwise use the CxA certificate, logo or mark in a misleading or illegal manner..

Use of Personal Information

I understand that the information provided to ACG and the Council on this application and other subsequent documentation is used in accordance with the Confidential Candidate and Applicant Information policy found in the Candidate Handbook. Further, I understand that ACG publishes the names, certification status, and contact information of all CxAs on the ACG website and/or in other ACG published documents. I understand that the status of an individual's CxA certification may be verified by contacting ACG.

Non-Disclosure Agreement and General Terms of Use

I understand that the CxA certification examination is confidential and proprietary. It is made available to examinees solely for the purpose of assessing competency in the field of building commissioning. All candidates are expressly prohibited from recording, copying, disclosing, publishing, reproducing, or transmitting the examination, in whole or in part, in any form or by any means, verbal or written, electronic or mechanical, for any purpose, without the prior express written permission of the Council. Non-compliance may lead to the revocation of certification or other disciplinary action.

Signature	Date

Code of Ethics

The Council established this Code of Ethics to promote honesty and integrity among Certified Commissioning Authorities, as well as quality workmanship in accordance with industry standards. Violation of one or more tenets of the CxA Code of Ethics on the part of Applicants, Candidates and CxA certification holders may result in disciplinary procedures and sanctions, including: demands to cease and desist; written reprimand; written reprimand with remediation; censure; suspension, revocation, or permanent revocation of certification; and/or dismissal from committees of the Board of Directors and/or the Council.

Certification and Recertification applicants are required to uphold and abide by the tenets of the CxA Code of Ethics, as a condition for certification and recertification. Applicants, candidates, and CxA certification holders pledge to:

1. Exercise a reasonable industry standard of care in the performance of professional duties.
2. Perform professional duties with trust, integrity, and honesty.
3. Hold paramount the health and safety of the public in the performance of professional duties.
4. Work in a manner consistent with applicable laws and regulations; demonstrate integrity, honesty, and fairness in all activities; and strive for excellence in all matters of ethical conduct.
5. Act with integrity in any relationship that involves an employer or client and disclose fully, in writing, to an affected employer or client, any conflicts-of-interest resulting from business affiliations or personal interests.
6. Represent qualifications accurately and honestly.
7. Offer products and services only in areas where competence and expertise will satisfy the client and public need.
8. Comply with and uphold all policies, procedures, guidelines, and requirements of the ACG Certified Commissioning Authority program; use the designation as authorized and only in the approved manner.
9. Accept responsibility for maintaining the ACG Certified Commissioning Authority credential through recertification and continuously uphold the Code of Ethics.
10. Voluntarily and immediately report to the Council any felony convictions or other legal dispositions that would constitute violations of this Code of Ethics that have not already been disclosed, regardless of when they occurred, and report any conditions that prohibit fulfillment of duties as set forth in the competency requirements.

By agreeing to and signing the Code of Ethics statement, applicants, candidates, and CxA certification holders also acknowledge that the CxA certificate and marks are the property of ACG and agree to return the certificate to ACG and discontinue use of the ACG Certified Commissioning Authority designation and related marks when required to do so.

Compliance

The Council requires adherence to the Code of Ethics by all certified individuals and requires individuals to return a signed copy of the Code of Ethics to the certification body as a condition of applying for initial certification and recertification.

Any individual may file a complaint against a certified person and complaints shall be fully investigated and adjudicated by the Council. All complaints must allege a violation of the Code of Ethics and shall be investigated according to the rules and procedures of the Council which shall allow for due process.

Signature	Date