



CPMM

CERTIFIED PROFESSIONAL MAINTENANCE MANAGER

APPLICATION

Illinois ASBO can help you bring recognized credentials to your district! The Certified Professional Maintenance Manager (CPMM) certifications, offered in partnership with the Association for Facilities Engineering, is one of the fastest growing and most prestigious certifications of its kind.

After completing your application, please send the application form and payment to Iturnroth@iasbo.org.



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OVERVIEW

More than ever before the roles of plant and facilities maintenance management professionals involve diverse issues and concerns as organizations work diligently to improve profit margins and grow their market shares. As more plant and facilities maintenance professionals assume leadership roles in these activities, they find they must clearly demonstrate their expertise.

The Certified Professional Maintenance Manager (CPMM) credential is designed to validate that you, as a certified individual, possess the professional expertise and knowledge required to successfully perform plant and facilities maintenance management activities. Becoming a certified Plant Maintenance Manager will leave no doubts about your ability to manage a profitable maintenance organization.

OVERVIEW OF THE PROGRAM

- To provide a standard of professional competence in the field of plant/facilities maintenance management
- To identify and recognize those individuals who - by passing an examination and fulfilling requirements of experience, responsibility and conduct - meet that standard.
- To encourage plant/facility supervisory professionals in a continuing program of professional development.
- To stimulate and provide a standard for the development of educational curricula and degree programs for plant/facility maintenance professionals
- To enhance the status of the plant/facilities profession as a unique discipline & profession by demonstrating that a realistic standard of professional competence can be clearly defined.

AFE Certified Professional Maintenance Manager Application Instructions:

Each application must meet the following requirements before processing. This application must be filled out completely and signed. The employment verification form needs to be completed by your employer(s) based on your employment history and eligibility. Applications will not be processed until all supporting documentation has been received by AFE. All fees are non-refundable. Mail completed application to: Illinois ASBO, Attn: Laura Turnroth, 108 Carroll Ave. NIU, IA-103, DeKalb, IL 60115, or email to lturnroth@iasbo.org or fax to (815) 516-0184 or (815) 753-9367.

PERSONAL DATA (Please type or print.)

Name Mr. Mrs. Ms. _____

Title _____ Employer _____

Employer Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ DOB ____/____/____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ E-mail _____

Preferred Mailing Address: Company Home AFE Member? Yes No

PAYMENT METHOD

Check / PO Check # _____ PO# _____ VISA MasterCard Discover AMEX

Card # _____ Exp. Date _____

Cardholder Name _____ Signature _____

EDUCATION

Highest level completed: H.S. College exp-no degree Vocational/Associate Bachelor's Master's Doctorate

AFE HEADQUARTER'S USE ONLY:

Membership ID# _____ Date Paid: _____ Check # _____

Amount Paid: \$ _____ Application #: _____ Reference #: _____ Certification # _____

Certification Date: _____ Approved By: _____

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EMPLOYMENT DATA

Please complete the following in reverse chronological order, beginning with your present position. If further space is required to explain job responsibilities or to provide additional work experience, please list this information on a separate sheet of paper and attach it to the application.

CURRENT EMPLOYMENT

From (Mo/Yr) _____ To (Mo/Yr) _____

Employer's Name and Location _____

Immediate Supervisor's Name and Title _____

Your title _____

Number of Years of Plant Engineering/Management Experience _____

Number of Years of Maintenance experience _____

Duties and Responsibilities _____

From (Mo/Yr) _____ To (Mo/Yr) _____

Employer's Name and Location _____

Immediate Supervisor's Name and Title _____

Your title _____

Number of Years of Plant Engineering/Management Experience _____

Number of Years of Maintenance experience _____

Duties and Responsibilities _____

From (Mo/Yr) _____ To (Mo/Yr) _____

Employer's Name and Location _____

Immediate Supervisor's Name and Title _____

Your title _____

Number of Years of Plant Engineering/Management Experience _____

Number of Years of Maintenance experience _____

Duties and Responsibilities _____

AFE Certified Professional Maintenance Manager Certificate Affidavit and Pledge:

The applicant acknowledges that the Certification Board of the Association for Facilities Engineering, by its usual standards and procedures, will investigate and compile a record with respect to all aspects of the applicant's career. The applicant agrees to provide any additional information in connection with the investigation as may be required. In consideration of the services to be rendered by the Certification Board, the applicant hereby releases, discharges and exonerates the Certification Board of the Association for Facilities Engineering, its officers, directors, and agents from any and all liability of every kind and nature arising out of the procedures, information transmitted concerning the application, or action of the Board in approving or disapproving applications. I hereby attest that the above information and its attachments are true and complete. I understand that the Association for Facilities Engineering certification programs will not discriminate among applicants as to age, sex, race, color, religion, national origin, disability, citizenship status or veteran status. I further pledge to maintain the highest ethical standards of practice in carrying out my assigned duties with regard to this certification.

Signature _____ Date: _____



This form needs to be completed by your employer(s) based on your employment history and eligibility (i.e. If you have been with your current employer for five or more years, one form is required. If you have been with several companies within a five year period, a form for each employer is required).

Applicant's Address _____

Dear, _____

I am applying to the Association for Facilities Engineering (AFE) to become a Certified Professional Maintenance Manager (CPMM). In this regard, I authorize the release of the requested information enclosed which verifies my employment and duties from the period

_____ to _____

Please furnish the requested information as completely as possible, and return to the AFE Certification Board.

The receipt of replies will be reported by AFE, but under no circumstances will the information be divulged to me, or used for any purpose except to validate my application for the Certified Professional Maintenance Manager.

Applicant's signature

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TO BE COMPLETED BY APPLICANT

Name Mr. Mrs. Ms. _____

Employer Address _____

City _____ State _____ Zip _____

Letter of Employment Verification - To Be Completed By Employer

The following information verifies the employment and duties of the above applicant for AFE's Certified Plant Maintenance Manager Program:

EMPLOYER

Company Name _____

Address _____

City _____ State _____ Zip _____

EMPLOYMENT PERIOD

The above named applicant was (has been) employed by our company from _____ to _____

He/she has held the following positions:

Title _____ Dates _____

Title _____ Dates _____

Title _____ Dates _____

JOB FUNCTION - Please describe in full the responsibilities of the applicant and identify those positions which were/are classified as: (Attach descriptions if necessary to answer fully)

To your knowledge, has action ever been taken against the applicant because of violations of the standards of professional practice, or to the rules and regulations of your firm?

Yes No If yes, please explain: _____

AFFIDAVIT - To the best of my knowledge and our employment records, I hereby attest that the above information is true and correct.

Name of person supplying information _____ Official Title of Respondent _____

Signature _____

Return to: Illinois ASBO, 108 Carroll Ave. NIU, IA-103 DeKalb, IL 60115 | fax: (815) 516-0184 | email: lturnroth@iasbo.org

AFE HEADQUARTER'S USE ONLY: Date Received: _____ File # _____

ADVANCE IN THE FIELD OF SCHOOL FACILITIES WITH THE FACILITIES SCHOLARSHIP



Everyone who completes their application and is accepted into the CPMM and CPS program is eligible for the facilities scholarship. Scholarships will be granted in the amount to cover the cost of an Illinois ASBO full day seminar. The scholarship amount can also be used at a facility seminar as part of the designation program, for a continuing education seminar for those currently certified as a CPMM or CPS or towards the cost of the CPMM or CPS training program.

You are eligible if:

- You are an active Illinois ASBO member in good standing.
- You are employed in facilities in a school district.
- Your participation is supported by your school district (seminar attendance, CPMM or CPS training program).

Facilities Scholarship Application

Please indicate if you are interested in applying for the Facilities Scholarship.

Yes, I would like to apply for the Facilities Scholarship.
Complete the short essay below and submit with your CPMM application.

No, I am not applying for the Facilities Scholarship.

FACILITIES SCHOLARSHIP ESSAY - State your career goals, where you would like to be in five years, your financial need and how you would benefit from receiving this scholarship.
