

# Certified Microbial Consultant Certified Microbial Investigator

in the FAU Safety Science Program



## News Item

**“STAY HEAD of the 2006 Certification  
criteria changes!” ENROLL NOW!**

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*Florida Atlantic University is offering a study/review course to assist those working in the microbial field to acquire certification as a*

*Certified Microbial Consultant™ (CMC)  
or  
Certified Microbial Investigator™ (CMI)*

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**NOTE:** IAQ Professionals who already have a minimum five years of experience in investigation, sampling and consulting may sit for the 3-hour closed book CMC examination or the CMI examination with two-years experience. After January 1, 2007 experience criteria will be minimum 8 years for CMC and minimum 3 years for CMI. Visit [www.iaqcouncil.org](http://www.iaqcouncil.org) for more details.

Register for the examination by calling the AmlAQ Council – 800-942-0832

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Classes listed below are held at 1515 West Commercial Blvd. Ft. Lauderdale, FL

May 9, 10, 11 & 12 (Tuesday through Friday ) 8:30 a.m. – 4:30 p.m.

Tuition Fee: \$595.00 plus \$100.00 non-refundable registration fee. Total cost is \$695.

Optional Examination Fees: \$300 as a member of the AmlAQ Council or \$400 as a non-member.

The Examination is scheduled to be held on the morning of May 12 at 8:30 a.m. (Friday)

A complete notarized application is required for Board review. Submit before examination begins.

Dates	Course #	Exam date
May 9, 10, 11 & 12	S058107	5/12/2006

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**To register for this class call 866-518-5780 or use the registration form attached to this flyer. Visit [www.fau.edu/fisc](http://www.fau.edu/fisc) for more information.**



# Florida Atlantic University

College of Architecture, Urban and Public Affairs  
Florida Institute for Safety and Construction

## Registration Form

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

e-Mail address \_\_\_\_\_

Company Name \_\_\_\_\_

Company Address \_\_\_\_\_

Course Number	Course Name	Start Date	Fee
<b>Total Enclosed</b>			



Check / Name on Check \_\_\_\_\_

Company P.O.#(FAX copy to 954-229-4163) \_\_\_\_\_

Bill to the attention of: \_\_\_\_\_

MC  Visa  Disc.  AMX # \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Expiration Date \_\_\_\_\_

Make checks payable to  
**Florida Atlantic University**

Mail completed form to  
**Florida Atlantic University**  
**Florida Institute for Safety and Construction**  
**1515 West Commercial Blvd.**  
**Fort Lauderdale, FL 33309**

Register by phone: 866-518-5780

Web site: [www.fau.edu/fisc](http://www.fau.edu/fisc)

**For Office Use Only**

Agent \_\_\_\_\_ Date \_\_\_\_\_

Source \_\_\_\_\_

Ticket # \_\_\_\_\_ Auth.# \_\_\_\_\_