Cleaning Management Institute (CMI)
Training Program Verification Application

CMI Verification Application Process

1. **Overview:** ISSA is accepting applications from organizations that wish to have their training program(s) and/or materials verified under the Cleaning Management Institute (CMI). Compliance with the ISSA Training Standard demonstrates that a training program is designed to deliver consistent, quality training and is structured to help cleaning service professionals effectively perform cleaning tasks, as well as meet customer needs and expectations.

2. **How To Submit Your Application:**
   ▪ Mail:
   ISSA
   3300 Dundee Road
   Northbrook, IL 60062-2303
   ▪ Fax: (847) 982-1922
   ▪ E-Mail: lucas@issa.com

Applicant Organization Responsibilities and Participation Terms

1. ISSA will confirm receipt of the application and all verification fees - payable to ISSA. Verification fees are determined by the number of training hours within each program ($349 per training hour for ISSA members, $549 per training hour for non-members) and the total fee must accompany the application. Organizations can elect to have their program verified under multiple categories in which case the fee will be $349 ($549) per training hour for the initial category and a total of $99 for each additional category ($199 non-members). For example, to verify a two-hour program under two categories, the total fees will be $797 for ISSA members. The maximum price per program is $1,495 ($2,495 non-members)

2. Training program verification fees are charged in 30 minute increments, rounded up to the nearest 30 minute interval.

3. Organizations may also apply to have their collateral training materials verified. Collateral materials include checklists, task cards, training diagrams and other training resources. Such materials can be reviewed and verified at a fee of $75 ($175 non-member) per item submitted.

4. If there is a problem with the application, your organization will be permitted sixty (60) days to modify the application and make all necessary corrections. Failure to modify the application within sixty (60) days will result in forfeiture of all fees and require resubmission.

5. ISSA will inform the verification registrar that your application has been received and accepted. The registrar is the organization that is responsible for accrediting third-party verifiers and managing the verification process.

6. The registrar will assign a verifier to your organization and send you a letter requesting approval of the chosen verifier. All verifiers are required to abide by a strict Code of Professional Conduct and will be asked to sign a Confidentiality and Non-Disclosure Agreement.

7. Your organization will notify the registrar of either its approval or disapproval of the verifier.

   a. If the verifier is approved, the registrar will notify the verifier.
   b. If the verifier is not approved, the registrar will assign another verifier. Your organization is permitted a total of two (2) objections.

8. In addition to the initial verification fee, your organization will be responsible for the following fees:

   • Annual Maintenance Fees for Training Programs: $199 per training program (ISSA members in good standing); $299 per training program (non-members)

   • Annual Maintenance Fees for Collateral Training Materials: $20 per item

Verification will be performed remotely based on documents and materials submitted to the verifier. Annual maintenance fees begin one year from the verification date of the training program.

9. A program's verification becomes effective upon a positive recommendation by the verifier.

Contact Information:

Last Name of Contact Person	First Name	Middle Initial
Title		
Telephone Number	E-mail Address	
Mobile Phone Number	Fax Number	

Organization Information:

Organization Name		
Address		
City	State	Zip Code
Telephone Number	Web Site Address	

Fax Number	Company Type
	☐Manufacturer ☐ Distributor ☐Building Service Contractor ☐ In-House Service Provider ☐Other

Program Information (Please duplicate this page if you are seeking verification for more than six programs):

Names of Program(s) to be Verified	Program Specialty/ies	Time of Program
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Your program can be assessed under one or more specialties. Please indicate under which specialty/ies you would like your program to be assessed by using the qualifier(s) noted below.

Advanced Designation Specialties	Qualifier
General Cleaning	GC
Hard Floor Care	HF
Carpet Care	CC
Restroom Care	RC
General Safety	GS
Hazard Communication	HAZ
Health Care	HC
Value of Clean	VoC
Customer Service	CS
Green Cleaning	GN
Personal Development	PD
Efficiency (Frontline Cleaning Professionals)	EF
Efficiency (Managers/Supervisors)	EM
School/Educational Institution	S

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Collateral Material(s) to be Verified

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_____

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Method of Payment

☐ Check or money order is enclosed in the amount of $

By signing below, I certify that the above information is true to the best of my knowledge. I also acknowledge that I have read and understand all statements herein, including those statements listed under "Applicant Organization Responsibilities and Participation Terms".

_____   _____

Signature   Date

_____   _____

Print Name   Title

Were You Introduced to CMI by an ISSA Certification Expert (I.C.E.) or Accredited Certification Trainer (A.C.T.)?

☐ Yes   ☐ No

If yes, please list the name, company, phone number and e-mail address of the I.C.E./A.C.T. certified individual who introduced you to the program.

Name: Company:

_____   _____

Telephone Number: E-Mail:

Member Calculator

Program 1	Program 2
Length of Program x $349 = _____	Length of Program x $349 = _____
# of additional specialties x $99 =_____	# of additional specialties x $99 =_____
Program 1 Total (Line 1+Line2) = _____	Program 2 Total (Line 1+Line2) = _____
Maximum Total = $1,495	Maximum Total = $1,495
Program 3	**Program 4**
Length of Program x $349 = _____	Length of Program x $349 = _____
# of additional specialties x $99 =_____	# of additional specialties x $99 =_____
Program 3 Total (Line 1+Line2) = _____	Program 4 Total (Line 1+Line2) = _____
Maximum Total = $1,495	Maximum Total = $1,495

# of Collateral Materials x $75 = _____

Program 1 Total _____
Program 2 Total _____
Program 3 Total _____
Program 4 Total _____
Collateral Materials Total = _____

Grand Total_____

Non-Member Calculator

Program 1	Program 2
Length of Program x $549 = _____	Length of Program x $549 = _____
# of additional specialties x $199 =_____	# of additional specialties x $199 =_____
Program 1 Total (Line 1+Line2) = _____	Program 2 Total (Line 1+Line2) = _____
Maximum Total = $2,495	Maximum Total = $2,495
Program 3	**Program 4**
Length of Program x $549 = _____	Length of Program x $549 = _____
# of additional specialties x $199 =_____	# of additional specialties x $199 =_____
Program 3 Total (Line 1+Line2) = _____	Program 4 Total (Line 1+Line2) = _____
Maximum Total = $2,495	Maximum Total = $2,495

# of Collateral Materials x $175 = _____

Program 1 Total _____
Program 2 Total _____
Program 3 Total _____
Program 4 Total _____

Collateral Materials Total = _____

Grand Total_____