



**ASSOCIATION OF CONDOMINIUM MANAGERS OF ONTARIO**

2233 Argentia Road, Suite 100, Mississauga, Ontario, L5N 2X7 / Tel: 905-826-6890, 1-800-265-3263 Fax: 905-826-4873  
[www.acmo.org](http://www.acmo.org) [info@acmo.org](mailto:info@acmo.org)

**REQUEST FOR CHALLENGE EXAM**

Name of Applicant: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone - Business: \_\_\_\_\_ Telephone Residential: \_\_\_\_\_

E Mail Address: \_\_\_\_\_

Please provide the following pieces of information:

- i. An up-to-date curriculum vitae or resume; and
- ii. An arms-length third party confirmation from two (2) or more individuals who served as board members at a condominium corporation where you were engaged or a condominium corporation Board of Directors confirming that you are or have worked for a period of at least two consecutive (5) years in the last seven (7) years as a full-time property manager.

- 1) The applicant is applying to take a Challenge exam (\$250 sitting fee for each exam) for each course(s) and 75% is considered a passing mark.
- 2) There is an optional fee of \$150 for the purchase of each Course textbook.

Financial Management      Physical Building Management      Condominium Law      Condominium Administration & Human Relations  
All four subjects

Exam(s) Total: \$ \_\_\_\_\_ Course Textbook(s) Total: \$ \_\_\_\_\_ 5% GST: \$ \_\_\_\_\_

Total Amount enclosed: \$ \_\_\_\_\_ (GST REGISTRATION NUMBER: R 123820417)

Check payment method:      Visa      MasterCard      Amex      Cheque (Payable to ACMO)

Print Cardholder name: \_\_\_\_\_

Card No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please send me a receipt – NOTE: Credit card charges appear on your statement as BB&C Management Services.**

*I, the undersigned, understand that the granting of this exemption(s) is at the sole and unfettered discretion of the ACMO Board based on its evaluation of the foregoing information.*

*I, the undersigned, hereby confirm that the foregoing information together with any enclosures or additional information are true and accurate as of the date hereof.*

*I understand that the opportunity to write any challenge exam may only be granted once. I understand that after writing the challenge exam, if I am unsuccessful in obtaining the required passing grade, I shall be required to complete the requisite ACMO RCM course leading to the RCM designation, if I choose to obtain my RCM.*

*I understand upon completion of the Challenge Exam, I shall be required to write and pass the RCM exam and fulfill all related criteria in order to receive the RCM designation.*

**The applicant hereby consents to ACMO utilizing personal information for the purpose outlined therein including for the purpose of collecting payment, invoicing, creating a list of members, advising the party of information that may be of interest to him/her.**

*I hereby consent to ACMO's use of my personal information for the purpose of promoting me as a member of ACMO.*

Date \_\_\_\_\_

Signature of Applicant \_\_\_\_\_