



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 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 five 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) Course textbooks can be purchased separately. Please contact the ACMO office for further details.

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

Exam(s) Total: \$ _____ + 13% HST: \$ _____ = Total: \$ _____

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 _____