



ASSOCIATION OF CONDOMINIUM MANAGERS OF ONTARIO

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10 YEAR EXPERIENCE APPLICATION TO WRITE THE RCM EXAM

Name of Applicant: _____ Employer: _____
Address: _____
Telephone - Business: _____ Telephone Residential: _____
E Mail Address: _____ # of Years as a full-time Condominium Property Manager _____

All applicants must submit up-to-date curriculum vitae or resume clearly indicating the level of experience required as a condominium property manager.

Write the comprehensive RCM exam and achieve an overall grade of at least 75%. If an applicant fails any subject area in the RCM exam, they are required to take the ACMO course in that subject area, or write the Challenge exam in that area. If an applicant elects to write the Challenge exam and fails, it is mandatory that they successfully complete the ACMO course in that subject area.

Please note:

There are no exemptions granted for educational courses completed that are not ACMO courses.

All applicants, regardless of experience level, are required to become Candidate Members of ACMO in order to be eligible to write the RCM exam.

If applicants fail the RCM exam, they are permitted two rewrites.

All applicants are required to pay applicable course, exam and membership fees.

- 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 _____