



Associate  
Commissioning  
Professional

## Associate Commissioning Professional Application

Congratulations! You are starting the process of becoming an Associate Commissioning Professional (ACP). The Associate Commissioning Professional (ACP) is an individual who understands the base knowledge to perform all the tasks required in the new construction commissioning process. Before completing this application, please go to our website and download the ACP Candidate Handbook. This Handbook provides a comprehensive explanation of the application process, eligibility requirements, examination content, development information and much more.

Applicants **MUST** review the ACP Candidate Handbook in order to complete this application properly. The application contains six sections:

**Section I. Applicant Information**

**Section II. Education and Experience History**

**Section III. Code of Ethics and Building Commissioning Association (BCxA) Essential Attributes**

**Section IV. Certification of Accuracy and Affirmations**

**Section V. Payment Information**

**Section VI. Application Checklist**

Please ensure all sections of your application are complete. Please call 844.881.8601 with questions.

The application information is held in strict confidence according to the BCCB Privacy/ Confidentiality Policy as stated in the Candidate Handbook.

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Building  
Commissioning  
Certification  
Board

The BCCB does not discriminate in the participation in the ACP Certification Program and prohibits discrimination against its applicants, candidates, certified persons, employees, and volunteers on the bases of race, color, national origin, age, disability, sex, gender identity, religion, and where applicable, political beliefs, marital status, or sexual orientation.

# Application Instructions

Applicants for the Associate Commissioning Professional (ACP) must meet the minimum eligibility requirements described in Section II. ACP candidates must also meet the minimum education/experience combination described in Section II.

Please list your legal name on the application. The name you enter on the application is the name that will be submitted to the testing center. **Your name must match the name on the government-issued photo identification you present at the test center in order to be admitted to take the certification examination.**

The address and contact information you provide on this application will be used for all BCCB correspondence, including provision of the ACP certificate. This may be either your personal address or your business address.

The instructions and requirements on this application should be read in their entirety prior to submittal. Applicants will be notified in writing one time of deficiencies in their application and will have 30 days from the date to fix any deficiencies. Failure to provide all required information may result in a rejection of the application. If an application is denied, you will receive a refund of 50% of your application fee. Applicants requesting Special Testing Accommodations must provide documentation of the disability and a description of the requested accommodation. Please see the ACP Candidate Handbook for complete information.

Completed applications should be saved in a PDF format, using the following naming convention:

[Last\\_First\\_ACP\\_App.pdf](#).

Completed applications may be submitted via email to [certification@bcxa.org](mailto:certification@bcxa.org), or by mail to the BCCB offices by a traceable source. Applicants are responsible for saving a completed copy of the application.

**Please direct communications to:**

**Building Commissioning Certification Board**

ATTN: Certification Manager

1600 NE Compton Drive, Suite 200

Hillsboro, OR 97006

844.881.8601 MAIN

503.747.2903 FAX

[certification@bcxa.org](mailto:certification@bcxa.org)

[www.bccbonline.org](http://www.bccbonline.org)

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**ACP\_Application-V2.0-03.2018**

## SECTION I: Applicant Information

### APPLICANT INFORMATION

Date of Application Submission: \_\_\_\_\_

Legal Name: \_\_\_\_\_

How you would like your name printed on your ACP certificate?: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

In addition to the electronic copy of your certification, would you like us to mail you a printed copy?

Yes  No

## SECTION II: Education and Experience History

### EDUCATION AND EXPERIENCE MATRIX

Recognizing both your education and experience, please indicate your highest degree obtained and confirm that you have the required minimum experience associated with that education level by selecting one of the following four categories.

Check One	Education	Experience
<input type="checkbox"/>	Licensed Architect or Professional Engineer	1 year building industry experience**
<input type="checkbox"/>	Bachelor's Degree in the building sciences*	2 years building industry experience**
<input type="checkbox"/>	Associate/Technical/Vocational 2 year degree, non-building related Bachelors of Science Degree, or equivalent military training/service	3 years building industry experience** or 2 full years in providing building commissioning.
<input type="checkbox"/>	High School Diploma or GED	7 years building industry experience** with at least 5 of those years spent working in building commissioning.

\*Building science education is defined as mechanical engineering, electrical engineering, construction science, construction management, architecture and other majors/fields of study designed to train people for careers in the building industry.

\*\*Building industry experience is defined as design, construction, testing and commissioning, code enforcement and operations.

### EDUCATION HISTORY DESCRIPTION

Please enter the following information for the education claimed in the Eligibility section of this application. Include only the school from which you received your highest degree/diploma.

School	City/ State	Major/ Field of Study	Years Attended	Building Related Degree	Degree/ Diploma Earned*

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**SECTION II: EDUCATION AND EXPERIENCE HISTORY**

**EMPLOYMENT HISTORY DESCRIPTION**

Starting with your current employer, document the work experience you are claiming as part of your eligibility. For example, if you claim a Bachelor's Degree in building science, you must document a minimum of two years of experience in the building industry. If you have been self-employed during any period of your employment history, please so indicate.

Current Employer: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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Previous Employer: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_

Dates Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Duties Performed: \_\_\_\_\_

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## SECTION III: Code of Ethics and BCxA Essential Attributes

### CODE OF ETHICS

As a condition of earning and maintaining certification, applicants for the ACP certification must agree to uphold and abide by the Code of Ethics, the tenets of which are set forth as follows:

1. Exercise a reasonable industry standard of care in the performance of professional duties.
2. Perform professional duties with trust, integrity, and honesty.
3. Hold paramount the health and safety of the public in the performance of professional duties.
4. Work in a manner consistent with all applicable laws and regulations; demonstrate integrity, honesty, and fairness in all activities; and strive for excellence in all matters of ethical conduct.
5. Act with integrity in any relationship that involves an employer or client and disclose fully to an affected employer or client any conflicts-of-interest resulting from business affiliations or personal interests.
6. Represent qualifications accurately and honestly.
7. Offer products and services only in areas where competence and expertise will satisfy the client and public need.
8. Agree to comply with and uphold all policies, procedures, guidelines, and requirements of the certification program; only use the designation as authorized in the approved manner; acknowledge the certificate and marks are the property of the BCCB; and return the certificate and discontinue use of the designation and marks when required to do so.
9. Accept responsibility for maintaining the credential through recertification and continuously uphold the Code of Ethics.
10. Voluntarily and immediately report any felony convictions or other legal dispositions that would constitute violations of this Code of Ethics that have not already been disclosed, regardless of when they occurred, and report any conditions that prohibit fulfillment of duties as set forth in the competence requirements.

Below are the Essential Attributes of the Building Commissioning Association (BCxA). These Attributes have been adopted by the BCCB, and as a condition of candidacy and certification as a ACP you must affirm your willingness to abide by the BCxA Essential Attribute tenets.

## **BCxA ESSENTIAL ATTRIBUTES**

(REV 12/2015)

BCxA considers the following attributes to be so fundamental to effective building commissioning that all members agree in writing to adhere to them whenever they serve as a project's Commissioning Provider:

- 1. The Commissioning Provider (CxP) is in charge of the commissioning process and makes the final recommendations to the owner regarding functional performance of the commissioned building systems.**
- 1. The CxP is an objective, independent advocate of the Owner. If the CxP's firm has other project responsibilities, or is not under direct contract to the Owner, a conflict of interest exists. Wherever this occurs, the CxP discloses, in writing, the nature of the conflict and the means by which the conflict shall be managed.**
- 1. In addition to having good written and verbal communication skills, the CxP has current engineering knowledge, and extensive and recent hands-on field experience regarding:**
  - A. Building systems commissioning,
  - B. The physical principles of building systems performance and interaction,
  - C. Building systems start-up, balancing, testing and troubleshooting,
  - D. Operation and maintenance procedures, and
  - E. The building design and construction process.
- 4. For each project, the commissioning purpose and scope are clearly defined in the CxP contract.**
- 5. The CxP recommends the commissioning roles and scope for all members of the design and construction teams be clearly defined in:**
  - A. Each design consultant's contract,
  - B. The construction manager's contract,
  - C. General Conditions of the Specifications,
  - D. Each division of the specifications covering work to be commissioned, and
  - E. The specifications for each system and component for which the suppliers' support is required.

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### SECTION III: CODE OF ETHICS AND BCxA ESSENTIAL ATTRIBUTES

6. **Each project is commissioned in accordance with a written commissioning plan that is updated as the project progresses. The commissioning plan:**
  - A. Identifies the systems to be commissioned,
  - B. Defines the scope of the commissioning process,
  - A. Defines commissioning roles and lines of communications for each member of the project team, and
  - B. Estimates the commissioning schedule.
7. **On new building commissioning projects, the CxP reviews systems installation for commissioning related issues throughout the construction period.**
8. **All commissioning activities and findings are documented as they occur. These reports are distributed as they are generated, and included in the final report.**
9. **The functional testing program objectively verifies that the building systems perform interactively in accordance with the Project Documents. Written, repeatable test procedures, prepared specifically for each project, are used to functionally test components and systems in all modes of operating conditions specified for testing. These tests are documented to clearly describe the individual systematic test procedures, the expected systems response or acceptance criteria for each procedure, the actual response or findings, and any pertinent discussion.**
10. **The commissioning provider provides constructive input for the resolution of system deficiencies.**
11. **Every commissioning project is documented with a commissioning report that includes:**
  - A. An evaluation of the operating condition of the systems at the time of functional test completion,
  - B. Deficiencies that were discovered and the measures taken to correct them,
  - C. Uncorrected operational deficiencies that were accepted by the owner,
  - D. Functional test procedures and results,
  - E. Reports that document all commissioning field activities as they progress, and
  - F. A description and estimated schedule of required deferred testing.



## SECTION IV: Certification of Accuracy and Affirmations

To qualify for the ACP examination you must respond to the following questions by checking the boxes and signing the Certification of Accuracy and Affirmations in this section.

1. **Have you received a regulatory reprimand?**  Yes  No

If Yes, please provide details concerning the facts related to the reprimand.

2. **I hereby attest to, and certify that, the following statements are true, correct, and accurate to the best of my knowledge, and I further agree to fulfill the obligations set forth as follows:**

- Y  N Having read the ACP Code of Ethics, I agree to act and conduct my practice in accordance with the currently adopted Code and Policies.
- Y  N Having read BCxA Essential Attributes of Building Commissioning, I agree to act and conduct my practice in accordance with the currently adopted Essential Attributes.
- Y  N I understand and agree that I am obligated to report, in writing, in a timely manner any changes concerning my responses to this application to the BCCB. Including any notice of address change.
- Y  N I have never been the subject of any professional or occupational credentialing, license, certification or registration, ethics or other disciplinary matter(s) or proceeding(s).
- Y  N I understand that any intentional or unintentional failure to provide true and complete responses to this application may result in sanctions by the BCCB.

If you answer "NO" to any statement(s) above, please provide a written explanation on a separate page. Attach the page to this application.

3. **I am requesting special testing accommodations.**  Yes  No

If yes, please attach required documentation as outlined in the ACP Candidate Handbook.

## COMMUNICATION AND ACP REGISTRY POLICY

I understand that a condition of certification is acceptance from the BCCB of all “official correspondence.” I understand that refusal to accept “official correspondence” of candidacy or certification status or issuance of a demand to have my personal information removed from the BCCB data base will cause revocation of certification status. I further understand that a benefit of ACP Certification is that limited information concerning ACP Certificants is posted on the ACP Registry and that information concerning my certification status will be shared with outside agents. I have indicated my willingness/unwillingness to be included in the database, the published registry and to receive additional information related to the profession as indicated below:

- I give my permission for the BCCB to include my information in the BCCB internal database and to send me all official communication.
- I give my permission for the BCCB to include my name in the ACP public Registry, indicating that I am a ACP in good standing. I understand this Registry is available to stakeholders, and the BCCB staff may release this information as requested.

## AFFIRMATIONS

Read each of the following statements carefully. By signing and dating below, you are affirming that each statement is true. If you cannot truthfully attest to all of the statements, you are not eligible to be certified. Please note that, should the BCCB determine that you have falsified any attestation, your application may be rejected, your examination scores may be canceled, and/or your certification may be revoked.

- A. I certify that the information provided in this application is true, accurate, and verifiable to the best of my knowledge. Further, I agree to notify the BCCB of any material change in the information provided in this application or of the occurrence of any event or development bearing upon my eligibility for certification, including, but not limited to any criminal conviction or disciplinary action by a licensing board or professional organization.
- B. I understand that, once the BCCB processes and approves this application, the fee for this certification program is non-refundable.
- C. I understand that I must take the examination within six (6) months of application approval.
- D. I understand I am personally responsible for maintaining the confidentiality of the examination content and may not discuss or document the exam content in any format except with BCCB staff. I also understand that I have the opportunity to request special accommodation for the examination with appropriate documentation of a disability.
- E. I understand that the BCCB certification is valid for a period of three (3) years. Should I be granted certification, I understand that if I seek recertification, it is my responsibility to demonstrate evidence of my continued competence in the field of building commissioning.

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**SECTION IV: CERTIFICATION OF ACCURACY AND AFFIRMATIONS**

- F. I understand that the BCCB reserves the right to verify any or all information on this application and that any incorrect or misleading information may constitute grounds for rejection of my application, revocation of my ACP certification, or other disciplinary action. I authorize the BCCB and its officers, directors, employees, and agents to review my application to determine whether I have met the BCCB's standards for certification; this review may include contacting employers, references or educational institutions to confirm the veracity of statements made on this application.
- G. I understand and agree that the BCCB reserves the right to use my examination score and certain data from my application to prepare summary statistical analyses, some of which may be published, but that my individual data will not be made public.
- H. I indemnify and hold harmless the BCCB and its officers, directors, employees, and agents from the decision made on my application as long as such decision was made in good faith according to all BCCB policies and procedures, and does not constitute gross negligence by the BCCB or their officers, directors, employees, agents and/or assigned examiners.

I acknowledge that I have read this application and the BCCB's certification requirements, policies and procedures, and I understand that it will be my responsibility to remain in compliance with all of the BCCB's certification requirements, policies and procedures.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## SECTION V: Payment Information

Please indicate your application fee choice below:

Check One	Category	Fee
<input type="checkbox"/>	Application Fee for BCxA members	\$550
<input type="checkbox"/>	Application Fee for non-BCxA members	\$750

The application fee includes the cost of the initial examination administration. Applications that do not meet the minimum eligibility requirements after one (1) notification of an incomplete application and a 30-day grace period will be returned along with 50% of the application fee.

Failure to submit the full application fee in one (1) of the acceptable formats listed below will result in the rejection of the ACP application.

Payment must be made by credit card, cashier's check, money order, or company check. Please make all types of checks payable to the BCCB (NOT BCxA). NO OTHER FORM OF PAYMENT—INCLUDING CASH—WILL BE ACCEPTED. We do not accept American Express and prefer payment by check or credit card.

If you are paying by check or money order, please mail it with this application. **Check Number:** \_\_\_\_\_

### Credit Card

**If you wish to pay by credit card, please enter the information below.**

Payment Method  Visa  MasterCard

Name as it appears on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expires (mm/yyyy): \_\_\_\_\_

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

Billing City/ State/ Zip: \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_ Date: \_\_\_\_\_

Your handwritten or electronic signature authorizes the BCCB to charge the application fee to your credit card.

**Please email your signed application to [certification@bcxa.org](mailto:certification@bcxa.org) or mail to:**

Building Commissioning Certification Board

ATTN: Certification Manager

1600 NE Compton Drive, Suite 200

Hillsboro, OR 97006

## SECTION VI: Application Checklist

Use this checklist before sending your application to verify that you have completed the required steps and are submitting all required documentation. Include a copy of this completed checklist with your application.

- Completed Section I, providing all requested personal information.
- Completed Section II, providing information documenting my eligibility to sit for the ACP examination, including information concerning the required projects and recommendations.
- Completed Section II documenting my work history (experience).
- Read and answered the information and questions in Section III. Ethics and BCxA Essential Attributes Certification and Attestation.
- Read, answered and signed Section IV. Certification of Accuracy and Affirmations.
- Saved a copy of this Application in PDF format with the proper naming protocol.
- Included payment or filled out the information for payment by credit card.