

CMAR APPLICATION FORM

Instructions

Your aim to become a CMAR demonstrates your commitment to high standards and professional growth in the laboratory animal management field. Before applying, verify with AALAS that you have the current application.

Step 1: Complete the work experience portion of this form. You must meet one of the following criteria:

- Candidates with a bachelor's degree must have at least 5 years (9,750 hours) of work experience in the laboratory animal field. At least 3 years of that work experience must be in a managerial capacity.
- Candidates with an associate's degree must have at least 8 years (15,600 hours) of work experience in the laboratory animal field. At least 3 years of that work experience must be in a managerial capacity.
- Candidates with an associate's degree must have at least 10 years (19,500 hours) of work experience in the laboratory animal field. At least 3 years of that work experience must be in a managerial capacity.

Step 2: Complete the educational background portion of this form and include a copy of diplomas and/or transcripts. You must have a minimum of a bachelor's degree.

Step 3: Have your current and previous employers complete a Work Experience Verification Form for you. Completed forms must be submitted with your CMAR application.

Step 4: Complete the Assurances section. Read each statement, then sign and date the line below.

Step 5: Attach payment by check or fill in all charge card information.

Step 6: Register and take the Animal Resources Exam within the next 15 months.

AALAS Membership number _____

LAMA Membership status _____
(If you are a LAMA member but not an AALAS member, please provide documentation of your current membership to receive the processing fee waiver.)

Name _____
(First) (Middle) (Last)

Exact name as you wish it to appear on certificate *(please print)*

Home address _____
(City) (State) (Zip)

Country _____

Home phone _____

Email _____

Employer _____

Business address _____
(City) (State) (Zip)

Business phone _____

Business fax _____

Business email _____

Preferred Mailing Address: Home Work

Request Notification Letter

AALAS would like to extend you an invitation to share the news of your accomplishment with others at your workplace. If there is a colleague who you would like AALAS to notify, please list that individual below. If you prefer that no one be notified, just leave the section blank.

Dr. Mr. Mrs. Ms. Name: _____ Title: _____

Notify by E-mail E-mail address: _____

Letter Street: _____ City: _____

State: _____ Zip Code: _____

Education

Include copies of degrees, transcripts, and/or diplomas to verify eligibility. Foreign documentation must be translated into English. Provide information on your diploma or highest degree.

Are you applying under the::

- Bachelor's degree eligibility
- Associate's degree eligibility
- High school diploma eligibility

Institution Name _____

Location _____

Degree _____ Date _____

Certified Manager Exams

The CMAR Program consists of four exams: the Animal Resources Exam, which is administered by AALAS, and three Certified Manager (CM) exams, which are administered by the Institute for Certified Professional Managers (ICPM).

Have you applied to ICPM to take the CM exams? Yes No

Have you completed all the CM exams? Yes No

Request for Animal Resource Exam Venue

Please indicate the venue of your choice for taking the Animal Resource Exam. Exam date must be within the next 15 months. For venue information, refer to www.aalas.org; click on Certification, then Management Certification. Eligibility for the Animal Resource Exam is based upon your work experience and your educational background.

Conference/Meeting title _____

Date _____

Laboratory Animal Experience

Complete a Work Experience Verification Form for each employment you list in this section. Attach additional sheets as needed to list additional institutions. 1,950 hours of experience (average of 37.5 hours a week) equates to one year of work experience.

= Total Years

Laboratory Animal Resources Experience

■ Institution name _____ *Start date mo/yr* *End date mo/yr*
 Address _____
 City _____ State _____ Zip _____
 Position/job duties (be specific) _____

■ Institution name _____ *Start date mo/yr* *End date mo/yr*
 Address _____
 City _____ State _____ Zip _____
 Position/job duties (be specific) _____

Managerial Experience

The definition of a managerial experience, with regards to the CMAR program, is experience that relates to planning, organizing, leading and controlling human or organizational resources to achieve organizational goals.

= Total

■ Institution name _____ *Start date mo/yr* *End date mo/yr*
 Address _____
 City _____ State _____ Zip _____
 Position/job duties (be specific) _____

■ Institution name _____ *Start date mo/yr* *End date mo/yr*
 Address _____
 City _____ State _____ Zip _____
 Position/job duties (be specific) _____

Work Experience Verification

The Work Experience Verification Form is used to document your experience reflected on the CMAR Application Form. Send a copy of this page to each person who will verify your work experience. Submit completed Work Experience Verification form(s) with your CMAR application.

Individual verifying work experience

Name _____ Position _____
 Institution _____
 Phone _____ E-mail _____

Applicant

Name _____ Position _____
 Institution _____
 Phone _____ E-mail _____

Request for Work Experience Verification

I am submitting an application for management certification with the American Association for Laboratory Animal Science (AALAS), and I must document eligibility requirements related to my work experience in the laboratory animal field.

I am asking you to verify my work experience by providing the information requested below. This is a very important part of the application process, and my application cannot be processed without this information. Thank you for your help.

- 1) The applicant is/was employed at _____ for _____ years from _____ to _____.
(company/organization) (mo/yr) (mo/yr)
- 2) Position _____
- 3 Location (site) _____
- 4) Job Function; Duties; Responsibilities (be specific) _____

- 5) Please estimate percentage of time spent on managerial duties. (The definition of a managerial experience, with regards to the CMAR program, is experience that relates to planning, organizing, leading and controlling human or organizational resources to achieve organizational goals.)

- 6) Additional Comments _____

- 7) Signature of individual verifying work experience _____

Please return this form by fax or mail to the candidate. (Candidate: Please fill in your return address below)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Fax: _____

Assurances

- I understand that AALAS, ICPM, and LAMA do not discriminate among applicants as to age, gender, race, religion, national origin, disability, or marital status.
- I subscribe to the AALAS Code of Ethics and the ICPM Code of Ethics.
- I agree to maintain my certification through continuing education and the payment of re-certification fees to AALAS.
- By signing this statement, I declare that the foregoing statements and those in any required accompanying documentation are true. I understand that false information may be cause for disciplinary action, including denial or loss of my certification credential. I authorize AALAS to contact my educational institutions and current and former employers to verify the information on this and accompanying forms.

Signature _____ Date _____

AALAS member number _____

Application and Exam Fees

Application Fee\$25 (non-refundable)
 Processing Fee (waived for National AALAS and LAMA members).....\$75 (non-refundable)
 AR Exam Fee\$85

TOTAL _____

- Check (Number: _____) Money Order VISA
 American Express MasterCard Discover

_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _ _ _ _	_ _ _ _	_ _ _ _
Account Number—please include all digits				Month	Year
				Expiration Date	

Cardholder name: _____
(print name exactly as it appears on card)

Billing address: _____

_ _ _ _
CVV2 Code (3 or 4 digit # on back of credit card)

City: _____ State: _____ Zip: _____

Cardholder Phone Number: _____

Country: _____

Signature: _____

- Please include all application fees with your completed application.
- Payable in U.S dollars only. Please make checks payable to **AALAS**.
- Submit application and fees to: AALAS, Attn: CMAR Certification; 9190 Crestwyn Hills Drive, Memphis, TN 38125-8538. Fax: 901-334-5156.
- Please refer to the CMAR Handbook for policies on refunds.
- For more information, send an e-mail to certification@aalas.org.