

Commonwealth of Virginia
Department of Professional and Occupational Regulation
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www.dpor.virginia.gov



Common Interest Community Board
COMMON INTEREST COMMUNITY MANAGER APPLICATION SUPPLEMENT
COMPREHENSIVE TRAINING PROGRAM EQUIVALENCY FORM

GENERAL INFORMATION

Section 18 VAC 48-50-30.J.1.d of the Board's *Common Interest Community Manager Regulations* provide an alternative method for licensure for those firms whose supervisory employee, officer, manager, owner, or principal (qualifying individual) named on the *Common Interest Community Manager License Application* has not completed a Board-approved training program. Applicants for a Common Interest Community Manager License that have a qualifying individual who has not completed a Board-approved training program but may have obtained the equivalent of such training program by documented course work that meets the requirements of a board-approved comprehensive training program must complete this form for consideration. The supervisory employee, officer, manager, owner, or principal of the firm named in the *Common Interest Community Manager License Application* must complete the following and provide detailed documentation and/or information regarding the courses he or she has completed.

Documentation of course completion as well as documentation of course content for each course listed on this form must be included with the application. Such documentation may include any or all of the following, as applicable:

- ❖ Syllabus
- ❖ Course handouts
- ❖ Course workbooks
- ❖ Other course materials
- ❖ Other detailed descriptions from the provider

In addition to information from the provider, the qualifying individual may include a narrative description of each course, as necessary, in order to aid in the review of the course materials. The Board may also request such additional information at its discretion in order to ensure the equivalency of course work completed to a Board-approved comprehensive training program.

Because of the detailed review required in order to properly evaluate the course materials, the timeframe for review will be approximately six to eight weeks. The Board office will notify the applicant of the results of the review as soon as possible.

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A. APPLICANT INFORMATION

The following information must match the information provided on the Common Interest Community Manager License Application form.

1. Business Entity/Sole Proprietor's Name (Applicant) _____
2. Trade or "Fictitious" Name _____
3. Federal Employer Identification Number

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Sole Proprietor's Social Security No. *

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4. Name of qualifying supervisory employee, officer, manager, owner, or principal _____

B. SUMMARY OF BOARD-APPROVED COMPREHENSIVE TRAINING PROGRAM

Minimum 80 contact hours in subject areas described below. All training programs must have a final written examination. Using the totals from Tables 1 through 8, enter the number of hours completed for each subject area in Column B below.

A	B
<p>A minimum of 40 contact hours of training course completion in the following subject areas as they relate to common interest communities and associations. The time allocated to each subject area must be sufficient to ensure adequate coverage of the subject as determined by the Board.</p> <ul style="list-style-type: none"> ❖ Governance, Legal Matters, and Communications ❖ Financial Matters, including Budgets, Reserves, Investments, Internal Controls, and Assessments 	<p>_____</p> <p>_____</p>

TABLE 2. FINANCIAL MATTERS, INCLUDING BUDGETS, RESERVES, INVESTMENTS, INTERNAL CONTROLS, AND ASSESSMENTS:

Provider	Course Title	Date(s)	Examination (check one)	Course Hours (in tenths of an hour (00.0))
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Total Hours				

TABLE 3. CONTRACTING:

Provider	Course Title	Date(s)	Examination (check one)	Course Hours (in tenths of an hour (00.0))
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Total Hours				

TABLE 4. RISK MANAGEMENT AND INSURANCE:

Provider	Course Title	Date(s)	Examination (check one)	Course Hours (in tenths of an hour (00.0))
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Total Hours				

TABLE 5. MANAGEMENT ETHICS FOR COMMON INTEREST COMMUNITY MANAGERS:

Provider	Course Title	Date(s)	Examination (check one)	Course Hours (in tenths of an hour (00.0))
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL HOURS				

TABLE 6. FACILITIES MAINTENANCE:

Provider	Course Title	Date(s)	Examination (check one)	Course Hours (in tenths of an hour (00.0))
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL HOURS				

TABLE 7. HUMAN RESOURCES:

Provider	Course Title	Date(s)	Examination (check one)	Course Hours (in tenths of an hour (00.0))
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
			<input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL HOURS				

TABLE 8. OTHER SUBJECT AREAS TO BE CONSIDERED (up to 40 hours):

Supplemental information for other subject areas must include detailed description of relevance to common interest communities and/or associations.

General Subject Area Description	Provider	Course Title	Date(s)	Examination (check one)	Course Hours (in tenths of an hour (00.0))
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TOTAL HOURS					

C. EXAMINATIONS

In the space below, please provide detailed information regarding any examinations completed in association with the courses provided in Tables 1 through 8 or other examinations you have completed related to common interest communities and/or associations. *Use additional pages as necessary.*

D. SIGNATURE

I, the supervisory employee, officer, manager, owner, or principal of the applicant named above, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision regarding the application. I certify that I have read, understand, and verify the accuracy of the foregoing statements and information.

Signature of Supervisory Employee, Officer, Manager, Owner, or Principal

Date