

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, Virginia 23233-1485
 (804) 367-8510
www.dpor.virginia.gov



Common Interest Community Board
**COMMON INTEREST COMMUNITY MANAGER
 TRAINING PROGRAM APPROVAL APPLICATION**

A check or money order payable to the TREASURER OF VIRGINIA,
 or a completed [credit card insert](#) must be mailed with your application package.
APPLICATION FEES ARE NOT REFUNDABLE.

Type of Application (select <u>one</u>)	<input checked="" type="checkbox"/>	Provider Fee (0505)	Course Fee (0506)	Total Fee Due
Initial CIC Manager Training Program Approval	<input type="checkbox"/>	\$50.00	+ \$50.00	= \$100.00
Additional CIC Manager Training Program (Course) Approval	<input type="checkbox"/>		\$50.00	= \$50.00
CIC Manager Training Program Provider Number		<input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="5"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		

1. Name of Training Program Provider _____
 2. Mailing Address (PO Box accepted) _____

City _____ State _____ Zip Code _____

3. Street Address (PO Box not accepted) Check here if the Street Address is the same as the Mailing Address listed above.

City _____ State _____ Zip Code _____

4. Email Address _____
 5. Website Address _____

6. Select one of the following and provide the information below about the business named above.

Business Federal Employer Identification Number (FEIN) * -

Federal Employer Identification Number (12-3456789)

* State law requires every applicant, *who is not a sole proprietor*, to provide a federal employer identification number. *Sole proprietors must provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.*

Sole Proprietor's Social Security Number *and/or* - -

Virginia Department of Motor Vehicles Control Number *

DO NOT INCLUDE DASHES (1234567890)

> Enter the same identification number as used on examination, previous applications or licenses on file with the Department.

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

7. Contact Numbers _____
 Primary Telephone _____ Alternate Telephone _____ Fax _____

8. Individual responsible for training program administration
 Name: _____
 Title: _____
 Telephone & Email Address _____

OFFICE USE ONLY	DATE	FEE	TRANS CODE 1020	ENTITY #	FILE #/LICENSE # 05	ISSUE DATE
	COMMITTEE REVIEW DATE		BOARD ACTION DATE		EFFECTIVE DATE OF APPROVAL	

9. Method of instruction (select all that apply)

- Classroom
- Correspondence
- Online
- Other distance learning, describe _____

10. Type of training program (only one per application)

- Introductory (16-hour minimum)
- Comprehensive (80-hour minimum)
- Virginia fair housing laws related to common interest communities (2-hour minimum)
- Virginia common interest community law and regulation updates (2-hour minimum)

11. Name of training program _____

Training program contact hours _____

12. List all instructors that will provide instruction in the training program. Trade-appropriate designations, as well as a professional resume with a summary of teaching experience and subject matter knowledge and qualifications will need to be submitted as Attachment #2 (see below). Attach a separate sheet of paper with the requested information if additional space is needed.

Subject areas and corresponding numbers are:

Subject Area Number	Training Program Subject Area
Comprehensive and Introductory Training Required Program Subject Areas:	
1	Governance, legal matters, and communications
2	Financial matters including budgets, reserves, investments, internal controls, and assessments
3	Contracting
4	Risk management and insurance
5	Management ethics for common interest community managers
6	Facilities maintenance
7	Human resources
Virginia Fair Housing Laws and CIC Laws and Regulations Subject Areas	
8	Virginia fair housing laws related to common interest communities
9	Virginia common interest community laws and regulations updates

Instructor's Name	CIC Manager License Number (if applicable)	Subject Area Number (insert numbers from above chart)
	05	

13. Summarize the applicant's qualifications and experience in providing training for common interest communities. If necessary, you may attach a separate sheet of paper.

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that the training provider has complied with all the laws of Virginia under the applicable provisions of Title 54.1, Chapter 23.3 of the *Code of Virginia* and all regulations of the Common Interest Community Board.

Responsible Person's Signature _____

Printed Name of Signatory _____

Title _____ Date _____

The following attachments must accompany each training program application. Please include a separator page to label each attachment with the number listed below. For example, "Attachment #1: Training Program Syllabus;" "Attachment #2: Instructor Information;" etc. Please note that the information listed below is required, and applications that do not contain all of the required attachments, in the format and order listed below, may not be submitted for the Board's consideration.

- **Attachment #1: Training Program Syllabus** - provide a training program syllabus that lists the purpose of the training program and the main topics covered in the training program.
 - For comprehensive and introductory training programs, the syllabus must include coverage of the subject areas contained in 18VAC 48-50-250.C of the Common Interest Community Manager Regulations. For each main topic in the syllabus, include the amount of time that will be devoted to that topic during the training program.
- **Attachment #2: Instructor Information** - Provide a one-page resume with a list of trade-appropriate designations, a summary of teaching experience, subject-matter knowledge, and qualifications for each instructor.
- **Attachment #3: Training Program Materials and Fees** - Provide information pertaining to any materials used or distributed during the training program, including copies of books, handouts, pamphlets, and slide presentations/overheads. Please indicate the fees that will be assessed for the training program and whether or not the fees include any materials for the training program and, if not, the materials that students are required to furnish.
 - For comprehensive and introductory training programs, a copy of the final, written examination and question item bank must be provided.
- **Attachment #4: Schedule of Training Program Dates and Locations** - Provide information pertaining to the anticipated schedule and location(s) for the training program. If a schedule has not been developed, please provide an anticipated start date for the program.
- **Attachment #5: Training Program Completion Certificate/Documentation** - Provide a copy, marked "sample," of the certificate of completion or other documentation to be provided at the end of the training program to verify successful completion.
- **Attachment #6: Online/Correspondence Training Program Information** - If an online or correspondence training program, provide information on the security procedures to be utilized. In addition, provide information on the examination that will be given at the end of the training program and security related to the examination. Online training providers must provide the website address, a user ID, and a password to be utilized by the Board in order to access the training program during the review process. Correspondence training program providers must provide a copy of the packet that will be distributed to students.