

Commonwealth of Virginia
Department of Professional and Occupational Regulation
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**Common Interest Community Board
COMMON INTEREST COMMUNITY MANAGER APPLICATION SUPPLEMENT
COMPEHENSIVE TRAINING PROGRAM EQUIVALENCY FORM**

GENERAL INFORMATION

Section 18 VAC 48-50-30.L.4 of the *Common Interest Community Manager Regulations* provides 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 may have obtained the equivalent of the Board-approved training program through documented course work that meets the requirements of a Board-approved comprehensive training program must submit 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 this form and provide detailed documentation and/or information regarding the courses he or she completed.

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

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

In addition to the information from the provider, the qualifying individual may include a narrative description of each course to help in the review of the course materials. At its discretion, the Board may request additional information in order to aid in the determination of course work equivalency to a Board-approved comprehensive training program.

Due to the detailed review required to properly evaluate the course materials, the review may take several weeks. The Board office will notify the applicant of the results of the review as soon as possible.

A. APPLICANT INFORMATION

The following information must match the information entered on the COMMON INTEREST COMMUNITY MANAGER LICENSE APPLICATION.

1. Business Entity/Sole Proprietor Name (Applicant) _____

2. Trade or "Fictitious" Name _____

3. Business Federal Employer Identification Number (FEIN)*

□□ - □□□□□□□□

Federal Employer Identification Number (12-3456789)

Sole Proprietor's Social Security Number *or* VA DMV Control Number

□□□□ - □□□ - □□□□□□

Social Security or Virginia DMV Number (123-45-6789)

* 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.*

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 in Column A below. All training programs must have a final written examination. In Column B, enter the number of hours completed in each subject area from the information in Tables 1 through 8.

| Column A | Column B |
|---|---------------------------------------|
| Successful completion of a minimum of 40 contact hours 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. | Total Contact Hours from Tables 1 - 8 |
| ▶ Governance, Legal Matters, and Communications (Table 1) | |
| ▶ Financial Matters, including Budgets, Reserves, Investments, Internal Controls, and Assessments (Table 2) | |
| ▶ Contracting (Table 3) | |
| ▶ Risk Management and Insurance (Table 4) | |
| ▶ Management Ethics for Common Interest Community Managers (Table 5) | |
| ▶ Facilities Maintenance (Table 6) | |
| ▶ Human Resources (Table 7) | |
| Total for above subject areas (must be a minimum of 40 hours) | |
| Balance of Program: | |
| ▶ A combination of the above subject areas or other subject areas approved by the Board (Table 8) <i>Detailed descriptions of additional subject areas must be provided in Table 8.</i> | |
| TOTAL (must be a minimum of 80 hours) | |

TABLE 1. GOVERNANCE, LEGAL MATTERS, AND COMMUNICATIONS

| Provider | Course Title | Dates | Exam? | | Course Hours (in tenths of an hour (00.0)) |
|----------------------------|--------------|-------|--------------------------|--------------------------|--|
| | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TABLE 1 TOTAL HOURS | | | | | |

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

| Provider | Course Title | Dates | Exam? | | Course Hours (in tenths of an hour (00.0)) |
|----------------------------|--------------|-------|--------------------------|--------------------------|--|
| | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TABLE 2 TOTAL HOURS | | | | | |

TABLE 3. CONTRACTING

| Provider | Course Title | Dates | Exam? | | Course Hours (in tenths of an hour (00.0)) |
|----------------------------|--------------|-------|--------------------------|--------------------------|--|
| | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TABLE 3 TOTAL HOURS | | | | | |

TABLE 4. RISK MANAGEMENT AND INSURANCE

| Provider | Course Title | Dates | Exam? | | Course Hours (in tenths of an hour (00.0)) |
|----------------------------|--------------|-------|--------------------------|--------------------------|--|
| | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TABLE 4 TOTAL HOURS | | | | | |

TABLE 5. MANAGEMENT ETHICS FOR COMMON INTEREST COMMUNITY MANAGERS

| Provider | Course Title | Dates | Exam? | | Course Hours (in tenths of an hour (00.0)) |
|----------------------------|--------------|-------|--------------------------|--------------------------|--|
| | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TABLE 5 TOTAL HOURS | | | | | |

TABLE 6. FACILITIES MAINTENANCE

| Provider | Course Title | Dates | Exam? | | Course Hours (in tenths of an hour (00.0)) |
|----------------------------|--------------|-------|--------------------------|--------------------------|--|
| | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TABLE 6 TOTAL HOURS | | | | | |

TABLE 7. HUMAN RESOURCES

| Provider | Course Title | Dates | Exam? | | Course Hours (in tenths of an hour (00.0)) |
|----------------------------|--------------|-------|--------------------------|--------------------------|--|
| | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TABLE 7 TOTAL HOURS | | | | | |

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

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

| Provider | Course Title | Dates | Exam? | | Course Hours (in tenths of an hour (00.0)) |
|---------------------|--------------|-------|--------------------------|--------------------------|--|
| | | | Yes | No | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| TABLE 8 TOTAL HOURS | | | | | |

C. EXAMINATIONS

Provide detailed information regarding any examinations completed in association with the courses identified in Tables 1 through 8 or other examinations you have completed related to common interest communities and/or associations.

D. SIGNATURE

I, the supervisory employee, officer, manager, owner, or principal of the applicant named on page 1, 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