

## FMA® Experience Requirement

To earn the Facilities Management Administrator (FMA) designation, candidates are required to demonstrate three years of verifiable facilities management experience. The **FMA® Experience Requirement** ensures that those who are awarded the FMA® are both well-educated and experienced professionals.

To fulfill the FMA Experience Requirement, the following conditions must be met:

- The experience must be related to a minimum property portfolio of 50,000 square feet.
- The experience must demonstrate that you have met at least 28 of the 41 criteria listed on the enclosed FMA Experience Criteria Verification Form. Criteria may be obtained through more than one employer as long as 28 different criteria are met.
- The experience must be verified by each employer listed on the application.

*Follow these instructions to apply for credit toward the **FMA Experience Requirement**:*

### U.S. Applicants

Type or print your employment history on the attached Employment Information Form.

Forward a copy of your completed Employment Information Form and a copy of the Experience Criteria Verification Form to each employer, supervisor, or personnel manager from whom you are requesting FMA experience credit verification.

Each employer/verifier should review the Criteria Verification Form and check all applicable criteria. Once completed, the employer/verifier signature should be notarized on page three and the completed packet returned to the applicant. Applicant, do not have your signature notarized.

Applicants should ensure that they have received ALL completed Criteria Verification forms from each applicable employer/verifier prior to submitting their complete application to BOMI International for processing. Partial applications cannot be processed. Applications received without all related completed Criteria Verification Forms will be returned to the applicant.

Entire completed and notarized applications should be forwarded, with a copy of the applicant's resume, to BOMI International, Attn. FMA Experience Committee, One Park Place, Suite 475, Annapolis, MD 21401. Facsimiles cannot be accepted.

### Canadian Applicants

**YOU MUST INCLUDE YOUR RESUME FOR YOUR APPLICATION TO BE PROCESSED.**

Please follow the same steps identified above; however, your completed Criteria Verification Forms do not have to be notarized. Please have all employers/verifiers include their e-mail address for verification purposes. (In the event that an e-mail address is not available, please ensure that the employer/verifier includes a daytime telephone number.)

Please note: Incomplete or partial applications will not be processed.

**FMA® Experience Requirement — Employment Information**

BOMI International ID#: \_\_\_\_\_ Application Date: \_\_\_\_\_  
Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Preferred Mailing Address: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

**Employment History**

List the names and addresses of all places of employment that you are submitting for FMA experience credit. Please list your current employer first and then any additional employers who are providing verification toward the full 3 years of employment and/or the 28 experience criteria. (PLEASE NOTE: When combining experience at multiple companies to meet the full 3 years\* of employment and/or 28 experience criteria, a separate signed and notarized FMA Criteria Verification form must be submitted from each company.)

1. Current Employer: \_\_\_\_\_  
Name of Verifier: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position(s) at Company: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Number of Years at Company: \_\_\_\_\_
  
2. Current Employer: \_\_\_\_\_  
Name of Verifier: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position(s) at Company: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Number of Years at Company: \_\_\_\_\_
  
3. Current Employer: \_\_\_\_\_  
Name of Verifier: \_\_\_\_\_ Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
City, State/Province: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Position(s) at Company: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ Number of Years at Company: \_\_\_\_\_

**Total Number of Years of Experience**  
*(Must Equal Three or More):* \_\_\_\_\_

## FMA® Experience Criteria Verification Checklist

Duplicate this form for each employer providing verification.

EMPLOYER/VERIFIER: FMA candidates must demonstrate that they have met 28 of the 41 experience criteria listed below over a three-year period. Please check all applicable criteria for the individual listed on the application. For verification purposes, your signature should be notarized on the back of the form and returned to the applicant. (Canadian employers/verifiers do not have to have their signatures notarized, however, please provide your e-mail address for verification purposes.) *BOMI International reserves the right to verify all information provided on this form.*

**Employer/verifier—check all boxes that apply**

### Certifications

1. One or more industry certification programs. Approved programs include: .....   
Real Property Administrator (RPA) designation from BOMI International  
Systems Maintenance Administrator (SMA) designation from BOMI International  
Systems Maintenance Technician (SMT) designation from BOMI International  
Certified Facility Manager (CFM) from IFMA  
Facility Management Professional (FMP) from IFMA  
Certified Property Manager (CPM) from IREM

### Managing FM (plan, organize, staff, direct, control, evaluate)

2. Self-manage with assignments, activities, learnings, results and feedback.....

### Planning: Forecasting (spaces, volumes, types, timings, costs)

3. Establish 1-2 tactical facility plans, with estimates for approval or action .....

### Planning: Workplace Spaces and their Optimization

4. Develop immediate and short-term solutions as necessary .....
5. Maintain and update specifications for furnishings and systems equipment .....

### Projects: Construction and Start-Up

6. Prepare two-year operating budgets for new facilities .....

### Financials: Capital and Expense

7. Prepare or assist with annual expense and operating budgets for building .....
8. Analyze monthly, quarterly and annual operating expenses.....
9. Conduct forecasts for year-end expenses and estimates for next year.....

### Technical: Environmental Health and Safety (EHS) Management

10. Support building operations for user-EHS activities .....
11. Ensure access control is designed/operated to meet policies .....
12. Install electronic security monitors and verify their capabilities .....

### Technical: Technology Management (Process, Utility and ICT)

13. Operate voice and data systems in buildings or with central ICT .....
14. Support and/or conduct necessary maintenance for ICT systems.....
15. Assess, test and evaluate possible new FM tools (hardware or software) .....

Technical: Sustainability Initiatives

- 16. Assess and/or audit current situations and future options ..... ○
- 17. Establish programs with suitable metrics for evaluation/reporting ..... ○
- 18. Install new or modified tools/tracking techniques ..... ○

Technical: Emergency Management (EM)

- 19. Support command, control and communications planning/training/drilling ..... ○
- 20. Lead or participate in any building mitigation work ..... ○

Operations and Maintenance (O&M)

- 21. Review and maintain operational and maintenance histories for your facilities ..... ○
- 22. Implement and monitor PM programs for buildings and their equipment/systems..... ○
- 23. Perform routine inspections of facilities, equipment and systems..... ○
- 24. Develop task lists for repairs/enhancements by trades and suppliers ..... ○
- 25. Assist with or be responsible for on-going operational activities ..... ○
- 26. Define interior/exterior alteration tasks and estimate their scopes..... ○
- 27. Conduct or oversee them after approvals, and ensure satisfactory results ..... ○
- 28. Install new furnishings or systems that minimize user downtimes ..... ○
- 29. Maintain and use inventories of furnishing or attic stocks ..... ○
- 30. Conduct people moves with "one-stop shopping" techniques and post-occupancies..... ○
- 31. Do periodic testing of light, sound and temperature levels..... ○
- 32. Use various display techniques to track progress on O&M goals ..... ○
- 33. Handle downtimes to balance user and facility tradeoffs ..... ○

Administration: Outsourcing/Supplier Management (external)\* with focus on change

- 34. Assess scope of work and prepare bid documents ..... ○
- 35. Select or participate in selection of suppliers as deemed viable ..... ○
- 36. Prepare and/or administer selected service contracts ..... ○
- 37. Establish service metrics for time, cost and quality and their dashboards..... ○

Administration: Organization and Services (Internal)\* with focus on change

- 38. Oversee day-to-day operations of these services in FM facilities ..... ○
- 39. Define plans for continuous improvement with new needs or technologies..... ○

Administration: Real Estate and Leasing (External)

- 40. Support the purchase or lease process with FM expertise and inputs ..... ○
- 41. Define remediation plans and oversee them if needed..... ○

Company Name: \_\_\_\_\_  
(please print)

FMA Candidate's Name/Title: \_\_\_\_\_  
(please print)

FMA Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifier's Name/Title: \_\_\_\_\_  
(please print)

Verifier's Statement: I, (name) \_\_\_\_\_ hereby verify that the length of employment reflected on page 1 is accurate and that (number) \_\_\_\_\_ of 41 criteria are checked on this form, accurately reflecting the named FMA Candidate's responsibilities at the company I represent here.

Do you recommend this person for an FMA designation? Yes  No

Verifier's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verifier's Phone Number (for authentication): \_\_\_\_\_ E-mail Address: \_\_\_\_\_

*Be sure the verifier's signature is notarized on the next page before returning it to BOMI International (U.S. Applicants only).*

**Comments by applicant – special comments, extraordinary circumstances:**

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**This section applies to Canadian applicants only**

Please be sure that the verifier of your application has included their daytime phone number and e-mail address for authentication.

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**This section applies to U.S. applicants only**

Completed and notarized applications should be forwarded, with a copy of the applicants resume, to BOMI International, attn. FMA Experience Committee, One Park Place, Suite 475, Annapolis, MD 21401. Facsimiles cannot be accepted. BOMI International reserves the right to verify all information provided on this form.

***Notary: Verifier's signature must be notarized***

Please contact BOMI International at 1-800-235 BOMI (2664) if you are a resident of the U.S. and do not have access to a Notary Public.

State of \_\_\_\_\_ County of \_\_\_\_\_ On (date) \_\_\_\_\_ before me, (name of notary) \_\_\_\_\_, personally appeared (name of verifier) \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledgement to me that he/she/ they executed the same in his/her/their authorized capacity(es), and that his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal.

Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Please be sure that the signature you notarize is that of the verifier, not the applicant.**