

To earn the Facilities Management Administrator (FMA®) designation in the Capstone Experience program, candidates are required to demonstrate three years of verifiable facilities management experience. The FMA® Experience Requirement ensures that those who are awarded the FMA® meet this experience criteria.

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 be verified by each employer as listed on the candidate application.

Section 1 - Completed by FMA Experience Candidate

First Name	<input type="text"/>	Last Name	<input type="text"/>
Known by other name	<input type="text"/>		
Company Name	<input type="text"/>		
Preferred Mailing Address	<input type="text"/>		
City, State/Province	<input type="text"/>	Zip/Postal Code	<input type="text"/>
Work Phone	<input type="text"/>		
Home Phone	<input type="text"/>		
Mobile Phone	<input type="text"/>		
Email	<input type="text"/>		
BOMI Learner ID	<input type="text"/>		
FMA® Candidate's Signature	<input type="text"/>	Date	<input type="text"/>

Section II - Employer Verification

This will certify that the above-named candidate worked under my supervision for the specified time period.

List the names and addresses of all places of employment that you are submitting for verification of your 3 years of FMA® experience. Verification from your most current employer is required.

Current Employer

1. Current Employer Verification
- Name of Verifier Title/Position
- Company Address
- City, State/Province Zip/Postal Code
- Phone Fax
- Experience candidate position
- Dates Candidate Employed Years candidate employed

Verifier's Statement: I, (name) hereby verify that the above-named FMA® candidate worked under my supervision for the time period noted above.

Verifier's Signature Date

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

I recommend this person for the FMA® designation based upon the experience verification as provided by my organization as an employer as well as previous experience provided. Yes No

Candidate Total Years FMA Experience

Previous Employer

2. Previous Employer Verification
- Name of Verifier Title/Position
- Company Address
- City, State/Province Zip/Postal Code
- Phone Fax
- Experience candidate position
- Dates Candidate Employed Years candidate employed

Verifier's Statement: I, (name) hereby verify that the above-named FMA® candidate worked under my supervision for the time period noted above.

Verifier's Signature Date

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

I recommend this person for the FMA® designation based upon the experience verification as provided by my organization as an employer as well as previous experience provided. Yes No

Candidate Total Years FMA Experience

Section II – Employer Verification (continued)

Previous Employer

3. Previous Employer Verification
- Name of Verifier Title/Position
- Company Address
- City, State/Province Zip/Postal Code
- Phone Fax
- Experience candidate position
- Dates Candidate Employed Years candidate employed

Verifier's Statement: I, (name) hereby verify that the above-named FMA® candidate worked under my supervision for the time period noted above.

Verifier's Signature Date

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

I recommend this person for the FMA® designation based upon the experience verification as provided by my organization as an employer as well as previous experience provided. Yes No

Candidate Total Years FMA Experience

Disclosures

Collection and use of Personal Information: This information will be used by internal BOMI staff for the purpose of verifying employment only.

Mandatory Submission: Submission of the requested information is mandatory for consideration towards the candidate's experience requirement for credential completion.

Contact Information: For questions regarding your records, please contact BOMI.

U.S. Applicants Type or print your employment history on the attached FMA Experience Requirement Form. Forward a copy of your completed Experience Requirement Form to each employer, supervisor, or personnel manager from whom you are requesting FMA experience verification. Each employer/verifier should confirm the appropriate number of years worked in the Commercial Real Estate Industry. Applicants should ensure that they have received ALL years of employment verification, along with a work email and phone number for all verifiers, prior to submitting their complete application to BOMI International for processing. Partial applications cannot be processed. Entire completed applications should be forwarded, with a copy of the applicant's resume, to BOMI at service@bomi.org. Facsimiles cannot be accepted.

Canadian Applicants YOU MUST INCLUDE YOUR RESUME FOR YOUR APPLICATION TO BE PROCESSED. Please follow the same steps identified above. 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.) Completed applications, along with a copy of the applicant's resume, should be sent to BOMI Education Canada, at service@bomicanada.ca. Please note: Incomplete or partial applications will not be processed.