



American Bio Recovery Association

300 New Jersey Ave 300 New Jersey Avenue NW

Suite 900 PMB #9031

Washington, DC 20001

Ph: 888-979-2272

ABRA Official Certified Biological Recovery Master (CBRM) Application

ABRA Certified Technician ID # (required): * The CBRT is a prerequisite

CBRT#:	Expiration Date:
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The CBRM is a Master level credential that enforces the values in the CBRT and demonstrates diversified industry expertise.

Prerequisites to sit for the 100 question exam (85 Or Better Score)

Third Party Certification* (See Examples on Page 5)

And

10 Years of supervisory experience as a CBRS OR

A 4-Year post-secondary degree or its equivalent (30 Credit Hours) In Engineering, Environmental Science/Biology, Public Health, Industrial Hygiene or related field Of science

And

Minimum of five (5) years of documented field experience in bio-recovery / infection control remediation.

29 CFR 1910.120 HAZWOPER - Or equivalent CBRNE training (CURRENT)

Blood borne Pathogen standard 29 CFR 1910.1030 training (CURRENT)

Five projects the individual completed that has showed knowledge, training and leadership in the bio-recovery field. This is to include a brief paragraph explaining the issues or peril and how corrective action was implemented.

****INTERNATIONAL REQUIREMENTS:**

*Applicants outside of the USA **must** submit: HAZWOPER lecture or equivalent CBRNE Training.*

**HAZWOPER, OSHA 10 and Blood Borne Pathogens. Training is available through a variety of online vendors.*

Maintenance – Recertify Every 3 Years With (75+ Hours Of CE) Attending ABRA Approved Conferences And Seminars.

Page 1 of 5 Application is to be filled out and submitted along with all required documentation to:

CertApplications@americanbiorecovery.org



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First Name:	Last Name:
Business Name:	URL:
Business Address:	Address Line 2:
City:	State/Province/Region:
Postal/Zip Code:	Country/Region:

Certification information, updates and all relative materials are specific to the individual, not the company you work for. It is your responsibility to inform ABRA of information changes. Email updates to: abrachertrenewals@americanbiorecovery.org

Home Address:	Address Line 2:
City:	State/Province/Region:
Postal/Zip Code:	Country/Region:

**Your initial CBRM certification may expire in less than 1 year. All Certifications expire June 30th of each year. Reminders with the annual CBRM renewal fee invoices are sent 30 days prior to expiration. *A current CBRT status is required to maintain the CBRM Certification.*

Additionally, the CBRM annual renewal requires payment of \$75 consistently for 3 years. On the 3rd year, those who qualify for and are awarded the CBRM are required to submit: a renewed affidavit statement attesting that the required training in Blood Borne Pathogens and all training related to CBRM bio-recovery knowledge and skills is current and has been maintained over the 3 year period.

CBRM Fees, like the ABRA Certification Technician (CBRT) renewal fees are non-refundable. If in the event the CBRM holder fails to provide the required payment and documentation within 30 days of the payment date; The certification status shall be set to inactive. (This is applicable to CBRT and CBRM)

Once applicants are approved, the certification entitles use of the ABRA CBRM Logo and the title of ABRA Certified Bio Recovery Master (CBRM) only for as long as the certification is current.

Membership in ABRA is separate, and entitles you and/or your company to additional benefits.

Please check here if you are interested in receiving membership information for you or your company:
Yes ___ No ___

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I affirm that I understand the statements above regarding keeping my information current with ABRA, the use of ABRA Logo, CBRM language terms and all renewal requirements.

Name (printed)	
Signature	
Date	

ABRA Application for CBRM - Certification Checklist

Please be sure you have all of this required prerequisite documentation in order prior to applying for your Certification.

1. ABRA CBRM Application Completely filled out and the non-refundable [Application Fee Paid](#).
2. [ABRA CBRT Training Certificate](#) –
10 Years as a current ABRA CBRT Technician (Currently Grandfathering CBRTs)
*A CBRS will be required after 2018.
If you do not have 10 Years as a current CBRT, you must fill out and meet the requirements in sections 6.
3. [OSHA 40-Hr HAZWOPER Certificate or 8-hr refresher certificate](#) or CBRNE/NFPA Equivalent
(Current) Third party signature required
Applicants from outside of the United States or in countries with out their own equivalent standards can take the On-Line Lecture portion of the HAZWOPER to satisfy the requirement.
4. OSHA - [Bloodborne Pathogens Certificate](#) (Current)
Third party signature required
5. OSHA – 10-Hr or 30Hr [Construction or General Industry Certificate](#) (Current)
Third party signature required
6. A. Copy of your college or university transcripts. (If applicable) 4-year post-secondary degree or its equivalent (30 credit hours) in engineering, Environmental Science/Biology, Public Health, Industrial Hygiene or related field of science
B. Signed third party Affidavit or personal resume demonstrating 5 years of related project experience.
7. Five Projects - Five projects the individual completed that has showed knowledge, training and leadership in the biorecovery field. This is to include a brief paragraph explaining the issues or peril and how corrective action was implemented.
8. Third Party Certification (Other Third Party Credential)

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AFFIDAVIT	AGREED
I am aware and abide by all governmental regulations regarding asbestos, lead and other hazardous materials.	
I agree to comply with the ABRA Code of Ethics and the ABRA complaints and appeals process, and pledge myself to the highest standards.	
I agree to restrict the use of my CBRM to the activities for which the certification has been granted.	
I agree to refrain from using the CBRM in such a manner as to bring ABRA into disrepute	
I agree to refrain from making any statements regarding the CBRM which ABRA may consider misleading or unauthorized.	
I understand that the CBRM certificate remains the property of ABRA.	
I agree to discontinue the use of all claims to the certification in the event that it is suspended or withdrawn and return to ABRA the CBRM certificate promptly to ABRA.	
I understand that the application/exam fee is non refundable.	
I agree to indemnify and hold ABRA harmless and all its agents and employees from and against any liability whatsoever in connection with this application, the CBRM examination and/or the granting of or failure to grant certification.	

Applicant Signature: _____ Date: _____

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Examples for Third Party Certifications for the CBRM*

1. American Board of Industrial Hygiene -ABIH – CIH - Certified Industrial Hygienist
2. American Biosafety Association – ABSA - CBSP - Certified Biological Safety Professional
3. American Council for Accredited Certification
4. CEICR - Certified Environmental Infection Control Remediator CEICS - Certified Environmental Infection Control Supervisor
5. American Hospital Association
6. CHESP - Certified Healthcare Environmental Services Professional
7. Association for Professionals in Infection Control – APIC CIC - Certified Infection Control
8. OSHA - Outreach Trainer
9. Submission of another Accreditation or Other Countries Can Be Accepted Upon Verification and Approved by ABRA Education Committee

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