

AMI Independent Mobile Medical Assessment Certifier Application Form:

Medical Office Name: _____ **MO #:** _____

Medical Office Director: _____ **MOD #:** _____

Medical Office Nomination: _____ **MON #:** _____

Nominee Signature: _____ **Date:** _____

1) Does the Medical Office agree to only nominate Medical Personnel from their Medical office that will evaluate, verify and certify Tree and Medical Crews as a non-bias IMMAC Certifier and to only use Arboriculture Medical Industry rules, regulations and standards to determine the rating given to Tree/Medical Crews.

Y – N / MOD Signature: _____

2) Does the Medical Office agree that whoever the Medical Office and Director nominates, cannot certify or verify their own employees, crews and office or any company or entity the Medical Office collaborates with in the Arboriculture Industry to ensure fair and unbiased evaluations and certifications. **Y – N / MOD Signature:** _____

3) Does the IMMAC Nominee agree to only evaluate and certify Tree and Medical Companies with an unbiased and ethical professional manor using the AMI rules and regulations and the code, conduct and standards of the AMI Industry. Does the nominee also agree to not evaluate, verify or certify any Personnel, office or company that the medical office and company the nominee works for or collaborates with in the Arboriculture Industry. **Y – N**

MON Signature: _____ **MON #:** _____

4) Does the Medical Company and Nominee understand that the AMI holds to the highest standards of any rules, regulations and standards of the Arborist Association, ISA and TCIA when evaluating, verifying and certifying jobsites. If there are different rules and regulations per multiple different organizations, then the highest rating will be used. If the AMI has upgraded or improved rules, regulations or standards, then the AMI takes precedent over the Arborist Association, TCIA or ISA. **Y – N / MOD Signature:** _____

MON Signature: _____

5) Does the Medical Office agree to nominate someone with the following requirements **A)** A minimum of 10 years of experience in the Arboriculture Industry. **B)** 5 years as a Certified Arborist and a registered member of the ISA. **C)** 5 documented years in the Arboriculture Industry as a Crew Leader. **D)** 3 documented years as a bidder. **Y – N**

6) Does the MO understand they can only nominate 1 person per office. **Y - N**