|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*

|  |  |  |  |
| --- | --- | --- | --- |
| Certificant’s Name |       | Certification Year |       |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | Contact Hours |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here: |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
|       | *Title of Program**Organization*[ ]  I attended this course[ ]  I developed this course curriculum\*[ ]  I taught this course\*  | [ ]  Domain I. Assess and identify client strengths, needs, concerns, and preferences[ ]  Domain II. Establish goals and a plan of care[ ]  Domain III. Implement care plan[ ]  Domain IV. Manage and monitor the ongoing provision of and need for care[ ]  Domain V. Ensure professional practice and supervision of care management\*\*Was this CE pre-approved for NACCM continuing education credits: [ ]  Yes [ ]  NoIf yes, enter NACCM event approval # here:  |       |
| TOTAL HOURS |  |

*\* Teaching and/or curriculum development may not exceed ten (10) contact hours per year during the certification period.*

*\*\*If course was not pre-approved by NACCM, you must submit a copy of your certificate. If the course was pre-approved by NACCM, please provide the approval # in the field provided. All documentation must be kept by the CMC for three (3) years following submission of the renewal. NACCM reserves the right to conduct random audits to verify professional continuing education at any time during the certification period for which the renewal is requested.*