|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Certificant’s Name** |  | | **Certification Period** |  |  | | |
| Date(s) | Title of Program/Organization | Domain(s) covered (Check all that apply) | | | | CE Approval Status | 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If 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 event pre-approved for NACCM CEs?\*\*  Yes  No  If yes, enter NACCM event approval # here: |  |
|  | | | | | | **TOTAL HOURS** |  |