



# NATIONAL ACADEMY OF CERTIFIED CARE MANAGERS

## CMC RECERTIFICATION FORM

This form must be completed and returned to the National Academy of Certified Care Managers with the completed Continuing Education Summary Form and the recertification fee(s).

*Please print clearly or type in the form fields.*

Current Cert. Dates:		Certificate #	
CMC Name		CMC Email	
CMC Work Phone		Alt Phone	
CMC Home Address			
CMC Alt Email			
Employer		Position/Title	
Dates of Employment			
Employer Address			
Are you a current member of the Aging Life Care Association® (ALCA)? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you currently employed in the field of Care Management? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you been employed in the field of Care Management during this certification period? <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			
I would like to renew my CMC Certification <input type="checkbox"/> Yes <input type="checkbox"/> No I would like to change my certification designation to: CMC- Inactive Status <input type="checkbox"/> Yes <input type="checkbox"/> No Comments: CMC- Retired Status <input type="checkbox"/> Yes <input type="checkbox"/> No Comments:			

### Description of Responsibilities:

1. Indicate the role(s) you perform as a care manager:

- Direct Care Management (as defined in recertification handbook)
- Care Manager Consultation/Supervision (as a leader or participant)
- Administrator/Supervisor of Care Management Program/Practice
- Consultant to Care Management Programs/Agencies or Educator (program development, supervision, quality assurance, CM training, etc.)

2. Check the content domains that include the care management functions performed related to the role(s) listed above (check all that apply).

- Domain I. Assess and identify client strengths, needs, concerns, and preferences
- Domain II. Establish goals and a plan of care
- Domain III. Initiate, manage, and monitor ongoing execution and outcomes of care plan
- Domain IV. Promote and maintain professional standards in care management and in business practices

**Supervision / Consultation**

While NACCM does not require a specific number of hours per year of professional supervision / consultation, ongoing participation is required for certification recertification.

I participated in regular professional supervision / consultation with my clinical supervisor and/or peers during my certification period.  Yes  No

**Code of Ethics and Standards of Practice**

I have read and agree to adhere to the NACCM Code of Ethics and Standards of Practice at [www.naccm.net](http://www.naccm.net)

**Attestation for CMC Inactive and Retired Status Only**

By submitting this form, I hereby certify that:

I will not be providing care management services while holding the Inactive and or Retired Status.

I will reactivate my certification should I choose to provide care management services.

**Attestation to Accurate Reporting**

By submitting this form, I hereby certify that:

all information provided to NACCM, including attachments, are accurate, truthful, and complete.

I understand that it is my responsibility to maintain appropriate documentation which verifies the stated practice, continuing education, and supervision/consultation.

NACCM, at its sole discretion, has the right to audit this documentation. I understand that false or misleading information on this form, whether by inclusion or omission, will result in the revocation of certification.

Signature		Date	
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*(Electronic signature is acceptable. By submitting this form, you are certifying that all information provided, including attachments, are accurate, truthful and complete.)*