



Certification of Disability Management Specialist

Retirement Reinstatement Form

Name

Today's Date

CDMS #

CDMS Retirement Expiration Date

Email Address

All communications with certificants will be made via email. Please be sure to enter

Mailing Address

Street
City
Phone

State

Zip

Continuing Education

Did you complete all 80 hours of CE required during your 5-year certification period?

Yes

No

Please submit all Certificates of Completion to CDMS Headquarters. You can either fax it to 856-439-0525 or email it to info@cdms.org

ETHICS REQUIREMENTS

Within the 80 CEs required, 4 of those CEs need to be Ethic related.

The name of the course(s) must be entered below.

I attest that the following course(s) meet(s) the requirements as outlined in the CDMS Renewal Guide related to Ethics continuing education*

Course Title and CE amount -



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Important note: To insure that CDMS Certificants maintain their knowledge, skills, and abilities in the field, CDMS requires that the 80 hours of continuing education be taken during the 5-year renewal period. The CDMS believes that 5 years is an adequate amount of time for a CDMS to obtain all 80 clock hours of continuing education.

Documentation

License

Have you submitted a copy of a current license or degree attestation form?

Yes

No

Please submit a copy of your degree or license. You can either fax it to 856-439-0525 or email it to info@cdms.org

Additional questions

During your current certification period, have you held a professional license or certification that was revoked, suspended, voluntarily relinquished, or placed on probation or otherwise been disciplined by a professional licensure or certification body? *

Yes. If selected, you must enter additional explanation.

No.

During your current certification period, have you been reprimanded or discharged by an employer or supervisor for dishonesty in connection with your employment or occupation? *

Yes. If selected, you must enter additional explanation.

No.

During your current certification period, have you been convicted of a felony? *

Yes. If selected, you must enter additional explanation.

No.

During your current certification period, have you been arrested, accused, or convicted of violating any law or ordinance? (excluding minor traffic violations) *

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Yes. If selected, you must enter additional explanation.

No

During your current certification period, have you been convicted of violating any law or ordinance dealing with the use, possession, or sale of drugs or alcohol? *

Yes. If selected, you must enter additional explanation.

No

During your current certification period, have you been convicted of violating any statute or ordinance dealing with sexual assault, abuse, molestation, indecent solicitation, obscenity, or similar acts of moral turpitude? *

Yes. If selected, you must enter additional explanation.

No.

During your current certification period, have you received or been offered a grant of immunity in a grand jury proceeding? *

Yes. If selected, you must enter additional explanation.

No.

Statement of Understanding

I hereby apply for certification as a Disability Management Specialist to the Certification of Disability Management Specialists (CDMS). I understand that certification depends upon my satisfying all of the criteria for knowledge and experience established by the CDMS, including the submission of all required documents and references.

Yes

No

I also understand that any false, inaccurate, or misleading statements included here will constitute grounds for the suspension or revocation of the CDMS designation awarded on the basis of the information contained herein. Furthermore, I agree that I shall abide by the CDMS Code of Professional Conduct as a condition of the acceptance of my application and maintenance of my continued good standing as a holder of the CDMS designation. I am aware that the CDMS is the sole finder of facts with regard to any alleged

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violations of the CDMS Code of Professional Conduct, and I agree to abide by any and all decisions of the CDMS and hereby waive any rights I may have now or in the future to resolve such alleged violations in another forum. I am also aware that if my CDMS certification should be revoked or suspended, the CDMS will also notify all other appropriate licensing and credentialing bodies. As an inducement to the CDMS and its committees to investigate and reach a determination regarding my character, reputation, and fitness for certification as well as any alleged violation of the CDMS Code of Professional Conduct, I hereby release, discharge, and exonerate the CDMS and its committees, members, agents and representatives, and any person or entity furnishing documents, records, or other information, from any and all liability of every kind and nature arising out of the furnishing, inspection, or use of such documents, records and information.

Yes
No

I understand that information submitted as part of the application, certification, and certification renewal processes becomes the property of the CDMS and will not be released to outside parties unless authorized by the applicant/certificant or unless required by law. I also understand that individual exam results are released to the candidate and are not released to any institution or employer. Furthermore, I agree that for research and statistical purposes only, data resulting from the certification process may be used in an anonymous/unidentifiable manner.

Yes
No

I understand that the CDMS does provide a database listing certificants on its website, which is updated periodically, for the use of the public, and that the CDMS also receives and responds to requests for information about the certification status of those holding its credential.

Yes
No

Have you read and understood all provisions of the CDMS Code of Professional Conduct found on the CDMS web site?

Yes
No

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I acknowledge that the information provided is accurate. Therefore, if the CDMS subsequently learns that a certification was granted on the basis of false, misleading or inaccurate information, it has the right to suspend or revoke that certification. I agree to adhere to the CDMS Code of Professional Conduct and agree to the Statement of Understanding.

I understand and agree to this statement of understanding.

YES
NO

I have read and understand the CCMC Code of Professional Conduct (Principles and Rules of Conduct). To qualify for certification, you must be able to answer yes truthfully.

I understand and agreed to this statement of understanding.

Printed Name

Date

Signature