



## Retirement Request Form

**Retirement requests must be submitted within 9 months after your certification expiration date.**

Name

Today's Date

CDMS #

CDMS Expiration Date

Email Address

Mailing Address

Street

City                      State                      Zip

Phone

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

### Retirement Attestation

I attest that I will not be providing consulting or other services in the future using my CDMS certification while in CDMS-R status.

Yes                                       No

I understand if my retirement status changes and if I wish to regain use of the CDMS certification, I will need to meet the criteria in effect at the time of reinstatement including, earning all Continuing Education credits and Ethics requirements, in addition to paying the renewal fee at the time of reinstatement or re-take the exam.

Yes                                       No

I further understand that retirement status is only good for five years. At the end of the five-year cycle those that have chosen the retirement designation have the option to renew as a "retired CDMS" or renew as a "CDMS" per the guidelines in the CDMS Recertification Guide.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature