



Certified Disability Management Specialist

Fax or email application, payment and all required documents to:
info@cdms.org
Phone- 844-681-8156 Fax- 856-439-0525

STANDARD APPROVAL CATEGORY APPLICATION

Please complete this three-page application for each program/activity submitted

Organization Information * = Required Information

Organization Offering Program/Activity*

Business Address*

Telephone Number*

City/State or Province/Zip or Postal Code*

Fax Number

Organization Website

Contact Name and Email Address*

Program/Activity Title

Location

Start Date

End Date

Total # of Clock Hours - Exclude Opening/Closing Remarks, Breaks & Ethics

Total Number of Ethics Hours (If applicable)

Type of Instruction:

- 1-Conference 2-Seminar/Workshop 3-Self-Study Course
4-Webinar 5-Webcast

If Solely in Written Format, Indicate Number of Words

Indicate Number of Questions

Relation to Domain Focus Areas

The program/activity must apply to one of the following domain focus areas. A full listing of the subsets of each domain focus area can be found in the CDMS Manual for Continuing Education Pre-Approval. Please check the domain focus area that applies to the program/activity for which you are seeking approval.

- Disability and Work Interruption Case Management (Domain I)
Workplace Intervention for Disability Prevention (Domain II)
Program Development, Management and Evaluation (Domain III)
Employment Leaves and Benefits Administration (Domain IV)
Ethics



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Fees (Please check appropriate box)

- 1 – 10 hours = \$75.00/program
- 10.5 – 25 hours = \$125.00/program
- Express Processing Fee: \$75.00*
- 25.5 – 40 hours = \$175.00/program
- 40.5+ hours = \$225/program

* This fee applies to any application received 7-14 days from date of event. If submitting your application within this timeframe, please include this fee in your payment.

- Applications received less than 7 days prior to scheduled event will not be processed
- All programs must be a minimum of 1 hour
- No post-approvals
- All Fees are non-refundable

Statement of Understanding

I hereby certify that I have read, understand, and agree to abide by the requirements stated within the CDMS Manual for Continuing Education Pre-Approval. Furthermore, I certify that I have completed the application and attached the required documentation. I understand that no program/activity will be reviewed unless accompanied by the required documentation and the appropriate non-refundable fee.

I understand that the CDMS reserves the right to monitor programs/activities for which it has granted continuing education approval **and to withdraw such approval from any program/activity that is offered or presented in any manner that is inconsistent with the approval requirements.** I also understand that any approval granted for this program/activity is valid for 12 months from the approved program start date. If the program/activity is changed in any way during the 12 months, I agree to re-submit the program/activity and seek approval from the CDMS.

Authorized Signature

Date

Printed Name

Title



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Documentation to Be Attached

- One copy of promotional material, such as direct mail flyer or marketing brochure.
- An outline or agenda (if not contained within the promotional material) to include a breakdown of clock hours.
- An overview or summary of learning objectives.
- A copy of the exam administered for Self-Study Course.
- A copy of the evaluation form to be given to participants.
- Program(s) requesting specific Ethics review must show evidence that the CDMS Code of Professional Conduct is referenced within the presentation. Examples of such evidence include, 1) reference to the CDMS Code within the promotional or marketing materials or 2) written explanation from the presenter that states the way and extent to which the CDMS Code will be addressed within the presentation.
- A check made payable to the CDMS.

Payment Information

Checks: Make checks payable to the CDMS and submit with your completed application and required documentation. A \$35.00 service fee will be assessed for all checks returned for insufficient funds or for charges made to closed accounts. CDMS tax identification number is 36-3733178.

Credit Card Payment: Complete to charge fees to your VISA, MasterCard or American Express.

Charge \$ _____ to my: VISA MasterCard American Express

Card #:

Security code:

Expiration date:

Name on account

Zip code

Authorized Signature

Date