





Certified Disability Management Specialist

Please fax, email, or mail application, payment, and all documents to: 856-439-0525/info@cdms.org CDMS Commission 1120 Route 73, Suite 200 Mount Laurel, NJ 08054

Fees (Please check appropriate box)

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

\* 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 Commission 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 date of approval. 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 Commission.

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 Commission.

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### Payment Information

**Checks:** Make checks payable to the CDMS Commission 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 Commission's 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 #: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

\* We do not access Discover credit card.