



Certified Disability Management Specialist

Retirement Reinstatement Form

Name

Today's Date

CDMS #

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.

Late Renewal Request

Have you submitted a Late Renewal Request to CCMC and had your request denied?

Yes

No

Continuing Education

Did you complete all 80 hours of CE required within a 5-year period?

Yes

No

Within your 80 hours of CE, 4 Ethics CE's are required.
Please list the name(s) of the courses below.



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License

Have you submitted a copy of a current license to practice independently?

Yes No

If yes, is this license unrestricted? Yes No

If no, please explain:

During the last seven years, have you held a professional license or certification that was revoked, suspended, voluntarily relinquished, or placed on probation or otherwise been disciplined by a professional licensure or certification body?*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 the last seven years, 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.

Have you been convicted of a felony?*

Yes. If selected, you must enter additional explanation.

No.

During the last seven years, have you been arrested, accused, or convicted of violating any law or ordinance? (excluding minor traffic violations)*

Yes. If selected, you must enter additional explanation.

No



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During the last seven years, 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 the last seven years, 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 the last seven years, 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 Certified Disability Management Specialist (CDMS), a voluntary professional credential sponsored by the Certification of Disability Management Specialist (CDMS). I understand that certification depends upon my satisfying all of the criteria for knowledge and experience established by CDMS, and that CDMS is the sole judge of my eligibility for certification and that I have no right to question its discretion in granting or denying certification. This includes the submission of all required documents and references.

If, in the sole exercise of its discretion, CDMS extends certification to me, I agree to abide by the Rules of Conduct, as found within the CDMS Code of Professional Conduct (Code), which I have read and understand. 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.



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As an inducement to the commission and its committees to investigate and reach a determination regarding my character, reputation, and fitness for certification, I hereby release, discharge, and exonerate the commission 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, or information.

I understand that information submitted as part of the application, certification and certification renewal processes becomes the property of 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 score reports are released to me as a 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.

I further understand that CDMS receives and responds to requests for information about the certification status of those holding its credential.

I understand and agree to this statement of understanding.*

YES
NO

I have read and understand the CDMS 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