

ACM™ – Accredited Case Manager Certification Examination Application

CANDIDATE INFORMATION

First Name _____ MI _____ Last Name _____
Credentials _____
Title _____ Department _____
Organization _____
Address (Home Work) _____
City _____ State _____ ZIP _____
Phone (W) _____ Fax (W) _____ Phone (H) _____
Email (Home Work) _____

ELIGIBILITY INFORMATION

Please select the appropriate eligibility status:

- I am a Registered Nurse (RN)**, and I possess a valid and current nursing license. I have at least two (2) years of experience in Hospital/Health System Case Management.

License Number: _____ State: _____ Exp Date: _____

- I am a Social Worker** and I have a Bachelors or Masters degree from an accredited school of Social Work OR I have a valid and current social work license. I have at least two (2) years of experience in Hospital/Health System Case Management

Degree: _____ School: _____ Year of Completion: _____

License Number: _____ State: _____ Exp Date: _____
(if applicable)

FEE / PAYMENT INFORMATION

The examination fee is \$325. Items postmarked the day of the deadline will not be accepted. **Application AND Payment must be received by 5pm Central time on the date of the deadline.**

Payment Options: Check / Money Order (please make check payable to ACMA) MasterCard Visa

If paying via credit card, complete the following:

Card Number: _____ Exp Date: _____ V Code: (last 3 digits on back) _____

Name on Card (please print) _____

Billing Address: (if different than above) _____

Authorization Signature: _____

APPLICANT DECLARATION

I hereby declare that all information contained in this application and all documentation submitted with or in support of the application is true. I understand and agree that any misrepresentation of said facts will result in automatic disqualification to sit for the examination or revocation of the certification obtained. I acknowledge that prior to taking the exam, it is my responsibility to review and understand the information contained in the most current Candidate Handbook available online at www.acmaweb.org or www.goamp.com. I acknowledge that my name, city and state of residence and certification status are not considered confidential and may be published by ACMA. All other personal information will remain confidential.

Signature: _____ Date: _____