

Complete this form **ONLY** if you are retesting

ACM™ – Accredited Case Manager Request to Retest Form

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

Note: For examinees who received a passing score on only one portion of the exam and wish to re-test the failed portion, passing scores are kept on file for 6 months from date of issuance. If it has been longer than six months since you achieved a passing score, you must re-take the entire exam. If it has been less than 6 months from issuance of a passing score, you must submit copies of your previous test scores along with this form.

I am applying to re-test for the following: Core Simulation Both

If re-testing for only one portion of the exam, complete the following:

I passed the Core Simulation exam on the following date: _____
Month / Day / Year

If your Nursing or Social Work license has expired since your original test application was submitted to ACMA, please complete the following:

RN SW License Number: _____ State: _____ Exp Date: _____

FEE / PAYMENT INFORMATION

The re-test fee is \$325.

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

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: _____



If you have questions, or need additional information, contact the ACMA Office:

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