CERTIFICATION EXAMINATION
FOR
CASE MANAGEMENT ADMINISTRATORS

Handbook for Candidates

SPRING 2017 TESTING PERIOD
Application Deadline: March 1, 2017
First Day of Testing: Saturday, April 1, 2017
Last Day of Testing: Saturday, April 15, 2017

FALL 2017 TESTING PERIOD
Application Deadline: September 1, 2017
First Day of Testing: Saturday, October 7, 2017
Last Day of Testing: Saturday, October 21, 2017

Developed by
Credentialing Advisory Board
for
Case Management Administrator Certification

Sponsored by
The Center for Case Management, Inc.

PROFESSIONAL TESTING CORPORATION
1350 BROADWAY • 17th FLOOR • NEW YORK, NY 10018
THE CENTER FOR CASE MANAGEMENT

Founded in 1986, The Center for Case Management (CCM) was the first consultation firm devoted exclusively to creating sustainable tools, roles, and systems to maximize the effectiveness and efficiency of patient care. Through second generation clinical paths, i.e. CareMap Medical Record, clinical case management, and other coordination strategies, CCM continues customizing infrastructures that enhance client capabilities to manage patient outcomes, transitions, and risk in a mixed-payer, mixed diagnosis, multi-site environment.

This handbook contains necessary information about the Case Management Administrators (CMAC) Examination. Please retain it for future reference. Candidates are responsible for reading these instructions carefully. This handbook is subject to change.
CERTIFICATION

The Center for Case Management Inc. endorses the concept of voluntary, periodic certification by examination for Case Management Administrators. Certification in case management administration is highly valued and provides formal recognition of case management administration knowledge.

OBJECTIVES OF CERTIFICATION

TO PROVIDE PROFESSIONAL DEVELOPMENT FOR, AND RECOGNITION OF, CASE MANAGEMENT ADMINISTRATION PROFESSIONALS BY:

1. Recognizing formally those individuals who meet eligibility requirements designated by the Credentialing Advisory Board for Case Management Administrator Certification.

2. Encouraging continued professional growth in the theory and practice of case management administration.

3. Establishing and measuring the level of knowledge required for certification in case management administration.

4. Providing a national standard of requisite knowledge deemed appropriate for the practice of case management administration, thereby assisting the employer, public, and members of the health professions in the assessment and identification of case management administrators.

ELIGIBILITY REQUIREMENTS

Meeting criteria within any one of the three broad categories listed below will be sufficient.

1. General Criteria:
   - Master's degree and one (1) year experience in case management administration;
   - OR
   - Master's degree and three (3) years experience as a case manager;
   - OR
   - Bachelor's degree and three (3) years experience in case management administration;
   - OR
   - Bachelor's degree and five (5) years experience as a case manager;

2. Equivalent Certification Criteria: Active certification in one or more of the following organizations (Evidence of certification must be supplied upon application):
   - A-CCC from the National Board of Certification in Continuity of Care
   - ACM from the American Case Management Association
   - CRRN from the Rehabilitation Nursing Certification Board
   - CCM from the Commission for Case Manager Certification
   - CDMS from the Certification of Disability Management Specialists Commission
   - C-SWCM (Certified Social Work Case Manager) and C-ASWCM (Certified Advanced Social Work Case Manager) from the National Association of Social Workers
   - RN, C (Modular Certification in Nursing Case Management) from the American Nurses Credentialing Center
   - OR

3. Faculty Criteria: Faculty in academic settings teaching graduate level courses in case management and/or case management related content will be admitted to the certification examination. Length of experience teaching case management and/or case management content must be:
   - Minimum of two consecutive academic semesters within a 24-month period
   - OR
   - Two academic semesters within a 24-month period
DEFINITION OF CASE MANAGEMENT ADMINISTRATION PRACTICE

Case Management Administrators lead organizations in the development and implementation of strategies to achieve clinical, financial, and quality outcomes. Their activities may include direct supervision, education, consultation, and evaluation.

The duties of a Case Management Administrator may include:
- Case finding
- Comprehensive assessment of client situation
- Evaluation and coordination of the plan of care
- Matching client resources to client needs
- Monitoring delivery of services
- Critical thinking, appropriate prioritization, and time management
- Measurement and evaluation of financial, clinical, functional, and satisfaction outcomes
- Accountability for financial, clinical, functional, and satisfaction outcomes
- Effective leadership displayed in the performance of current role
- Effective communication
- Evaluation of and response to the learning needs of clients, clinicians, and community

ADMINISTRATION

The Certification Program is sponsored by The Center for Case Management Inc. The Certification Examination for Case Management Administrators is administered for The Center for Case Management Inc. by the Professional Testing Corporation (PTC), 1350 Broadway, 17th Floor, New York, New York 10018, (212) 356-0660, www.ptcny.com. Questions concerning the examination should be referred to PTC.

ATTAINMENT OF CERTIFICATION AND RECERTIFICATION

Eligible candidates who pass the Certification Examination for Case Management Administrators are eligible to use the registered designation CMAC after their names and will receive certificates from The Center for Case Management Inc. A registry of Certified Case Management Administrators will be maintained by The Center for Case Management Inc. and may be reported in its publications.

Certification in case management administration is recognized for a period of five years at which time the candidate must retake and pass the Certification Examination for Case Management Administrators in order to retain certification.

To recertify through continuing education, the candidate must document 75 Clock Hours, within the last five years, of continuing education related to the practice of case management in at least 3 of the 7 content areas of the outline and of those 75 clock hours, up to 10 clock hours of continuing education for test questions submitted (2 Questions equal 1 clock hour). Questions need to be referenced and must have 4 possible answers. The stem should be stated positively. No true or false questions are permitted. No multiple choices stating all of the above or none of the above are permitted.

REVOCATION OF CERTIFICATION

Certification will be revoked for any of the following reasons:

1. Falsification of an Application.

The Appeals Committee of the Credentialing Advisory Board for Case Management Administrator provides the appeal mechanism for challenging revocation of Board Certification. It is the responsibility of the individual to initiate this process.
COMPLETION OF APPLICATION

Complete or fill in as appropriate ALL information requested on the Application. Mark only one response unless otherwise indicated.

**NOTE:** The name you enter on your Application must match exactly the name shown on your current government-issued photo ID such as driver’s license or passport. Do not use nicknames or abbreviations.

**CANDIDATE INFORMATION:** Starting at the top of the Application, print your name, address, daytime phone number, and email address in the appropriate row of empty boxes. Also, indicate your choice of testing period.

**ELIGIBILITY AND BACKGROUND INFORMATION:** All questions must be answered. Mark only one response unless otherwise indicated.

**OPTIONAL INFORMATION:** These questions are optional. The information requested is to assist in complying with equal opportunity guidelines and will be used only in statistical summaries. Such information will in no way affect your test results.

**VERIFICATION OF WORK EXPERIENCE:** Your completed Application must be signed by your supervisor in the space provided. No candidate will be accepted for the examination without the supervisor’s signature. Be sure the signature, title, institution/organization, address, and telephone number of your supervisor are included.

**CANDIDATE SIGNATURE:** When you have completed all required information, sign and date the Application in the space provided.

Fold the completed Application. Mail the Application with the appropriate fee (see FEES below) in time to be received by the deadline shown on the cover of this Handbook to:

CMAC EXAMINATION
PROFESSIONAL TESTING CORPORATION
1350 Broadway – 17th Floor
New York, New York 10018

---

**FEES**

Application fee for the Certification Examination for Case Management Administrators...................... $375.00

MAKE CHECK OR MONEY ORDER PAYABLE TO: PROFESSIONAL TESTING CORPORATION

---

**REFUNDS**

There will be no refund of fees. Fees will not be transferred from one testing period to another.

---

**EXAMINATION ADMINISTRATION**

The Certification Examination for Case Management Administrators is administered during an established two-week testing period on a daily basis, Monday through Saturday, excluding holidays, at computer-based testing facilities managed by PSI. PSI has several hundred testing sites in the United States, as well as Canada. Scheduling is done on a first-come, first-serve basis. To find a testing center near you, visit http://www.ptcny.com/cbt/sites.htm or call PSI at (800) 733-9267. Please note: Hours and days of availability vary at different centers. **You will not be able to schedule your examination appointment until you have received a Scheduling Authorization from PTC.**

---

**TESTING SOFTWARE TUTORIAL**

A Testing Tutorial can be viewed online. Go to http://www.ptcny.com/cbt/demo.htm. This online document can give you an idea about the features of the testing software.
SCHEDULING YOUR EXAMINATION APPOINTMENT

Once your application has been received and processed and your eligibility verified, you will be sent a notice from PTC confirming receipt of payment and acceptance of application. Within six weeks prior to the first day of the testing period, you will be sent a Scheduling Authorization via email from notices@ptcny.com. Please ensure you enter your correct email address on the application and add the ‘ptcny.com’ domain to your email safe list. If you do not receive a Scheduling Authorization at least three weeks before the beginning of the testing period, contact the Professional Testing Corporation at (212) 356-0660.

The Scheduling Authorization will indicate how to schedule your examination appointment as well as the dates during which testing is available. Appointment times are first-come, first-serve, so schedule your appointment as soon as you receive your Scheduling Authorization in order to maximize your chance of testing at your preferred location and on your preferred date.

Your current government-issued photo identification, such as a driver’s license or passport, must be presented in order to gain admission to the testing center. PTC also recommends you bring a paper copy of your Scheduling Authorization and your PSI appointment confirmation with you to the testing center.

After you make your test appointment, PSI will send you a confirmation email with the date, time and location of your exam. Please check this confirmation carefully for the correct date, time and location. Contact PSI at (800) 733-9267 if you do not receive this email confirmation or if there is a mistake with your appointment.

- It is your responsibility as the candidate to call PSI to schedule the examination appointment.
- It is highly recommended that you become familiar with the testing site.
- Arrival at the testing site at the appointed time is the responsibility of the candidate. Please plan for weather, traffic, parking, and any security requirements that are specific to the testing location. Late arrival may prevent you from testing.

CHANGING YOUR EXAMINATION APPOINTMENT

If you need to cancel your examination appointment or reschedule to a different date within the two-week testing period, you must contact PSI at (800) 733-9267 no later than noon, Eastern Standard Time, of the second business day PRIOR to your scheduled appointment. Please note: PSI does not have the authority to authorize refunds or transfers to another testing period.

SPECIAL NEEDS

CCM and PTC support the intent of and complies with the Americans with Disabilities Act (ADA). PTC will take steps reasonably necessary to make certification accessible to persons with disabilities covered by the ADA. Special testing arrangements may be made upon receipt of the Application, examination fee, and a completed and signed Request for Special Needs Accommodations Form, available from www.ptcny.com or by calling PTC at (212) 356-0660. This form must be uploaded with the online application at least EIGHT weeks before the testing period begins. Please use this form if you need to bring a service dog, medicine, food or beverages needed for a medical condition with you to the testing center.

Information supplied on the Request for Special Accommodations form will only be used to determine the need for special accommodations and will be kept confidential.
### RULES FOR THE EXAMINATION

1. All Electronic devices that can be used to record, transmit, receive, or play back audio, photographic, text, or video content, including but not limited to, cell phones, laptop computers, tablets, Bluetooth devices; wearable technology such as smart watches; MP3 players such as iPods; pagers, cameras and voice recorders are not permitted to be used and cannot be taken in the examination room.

2. No papers, books, or reference materials may be taken into or removed from the examination room.

3. Simple, nonprogrammable calculators are permitted with the exception of calculators as part of cellular phones and other prohibited electronic devices (see number 1 above). A calculator is also available on screen if needed.

4. No questions concerning content of the examination may be asked during the examination session. The candidate should read carefully the directions that are provided on screen at the beginning of the examination session.

5. Candidates are prohibited from leaving the testing room while their examination is in session, with the sole exception of going to the restroom.

### REPORT OF RESULTS

Candidates will be notified in writing by PTC within four weeks of the close of the testing period whether they have passed or failed the examination. Scores on the major areas of the examination and on the total examination will be reported. Successful candidates will also receive certificates from the credentialing Advisory Board for Case Management Administrator Certification.

### REEXAMINATION

The Certification Examination for Case Management Administrators may be taken as often as desired upon filing of a new Application and fee. There is no limit to the number of times the examination may be repeated.

### CONFIDENTIALITY

1. The Credentialing Advisory Board for Case Management Administrators Certification will release the individual test scores ONLY to the individual candidate.

2. Any questions concerning test results should be referred to the Credentialing Advisory Board for Case Management Administrators Certification or the Professional Testing Corporation.
1. The Certification Examination for Case Management Administrators is a computer-based examination composed of a maximum of 250 multiple choice, objective questions with a total testing time of four (4) hours.

2. The content for the examination is described in the Content Outline starting on page 8.

3. The questions for the examination are obtained from individuals with expertise in case management and case management administration and are reviewed for construction, accuracy, and appropriateness by the Credentialing Advisory Board for Case Management Administrator Certification.

4. The Credentialing Advisory Board for Case Management Administrator Certification, with the advice and assistance of the Professional Testing Corporation, prepares the examination.

5. The Certification Examination for Case Management Administrators will be weighted in approximately the following manner:

I. MANAGEMENT, LEADERSHIP ................................................................. 20%
II. HEALTH CARE LAWS AND REGULATIONS ...................................... 20%
III. CASE MANAGEMENT PRACTICES IN THE CONTINUUM OF CARE .......... 20%
IV. TOOLS FOR CASE MANAGEMENT PRACTICES .................................. 20%
V. USING DATA TO CREATE INFORMATION, UNDERSTANDING, AND IMPROVEMENT ........ 20%
CONTENT OUTLINE

I. MANAGEMENT, LEADERSHIP
   A. Collaboration with Executive Team
      1. Members of Executive Team
      2. Relationship with Direct Boss
      3. Preparing a Return on Investment (ROI)
      4. Negotiating Department Accountabilities
      5. Market Analysis Tools/Competition
      6. Using Research Reports
      7. Focus Groups
      8. Strategic Planning with Exec Team
      9. Preparing Budgets
     10. Physician Advisor Role
   B. Human Resource Management
      1. Managing Daily Workflow for High Performance
      2. Analysis of Department Needs
      3. Job Descriptions
      4. Interviewing and Selection
         a. Interview Questions and References
         b. Pre-employment Testing
         c. Recruiting New Staff
         d. Group Interviews and Shadowing
      5. Orientation and Preceptorship Programs
      6. Conducting Staff Meetings
      7. Compensation Packages
         a. Benchmarking Salary Ranges
         b. Negotiating Roles and Salaries
      8. Role of Administrator with Work Teams
         a. Director as Mentor/Coach
         b. Transition to Work Teams
      9. Developing Policies
     10. Outcome-oriented Performance Appraisals
         a. Conducting Performance Reviews
         b. Documenting Performance Reviews
         c. Issuing Warnings
     11. Competency Assessments
         a. Novice to Expert Practices
         b. Difference between Knowledge, Skill, Attitude
         c. Certifications
     12. Developing Department Philosophy
         a. Values and Patient Rights
         b. Statement of Standards
         c. Ethical Principles
         d. Department Role within Organization
         e. Determining Case Management Model
13. Assessment and Addressing Staff Learning Needs
14. Magnet Status and Case Management
15. Managing Problem Employees

C. Change Management
1. Change Theories and Methods
   a. Prochaska
   b. LEAN, CQI
   c. SWOT (Strengths, Weak, Op, Threats)
   d. Other
2. Managing the Change Period
3. Collaborative Decision-Making
4. Conflict Management
5. Techniques for Changing Models and/or Workflow

II. HEALTH CARE LAWS AND REGULATIONS
A. Compliance, Laws, and Regulatory Organizations
1. CMS Conditions of Participation (COP)
   a. Important Message
   b. COP Utilization Rules
   c. COP Discharge Planning Rules
   d. 2 Midnight Rule and Observation Level of Care
   e. Transfer DRGs
   f. CMS Special Waivers
2. Medicaid: Managed Medicaid and State Programs
3. Details of the Accountable Care Act (ACA)
4. Americans with Disabilities Act (ADA)
5. EMTALA (Emergency Medical Tx and Active Labor Act)
6. CHIP
7. NCQA
8. The Joint Commission and Similar Organizations
9. URAC
10. Critical Access Hospitals (CAHs)
11. American Osteopathic Organization
12. IMPACT Act
13. Stark Law
15. CHAP (Community Health Accreditation Program)
16. Medicare Spending per Beneficiary (MSPB)
17. Value-based Purchasing
18. Laws Related to Commercial Insurance
19. ERISA (Employee Retirement Income Security Act)
20. HIPAA (Health Information Portability and Accountability Act)

B. Legal Considerations for Patient Care Related to Case Management
1. When to Consult a Lawyer
2. Patient Guardianship
3. Laws related to Case Managers and Social Work
4. Determining Competence
5. Homelessness
6. Undocumented
III. CASE MANAGEMENT PRACTICES IN THE CONTINUUM OF CARE

A. Service Gap Analysis
   1. Gaps Coordinating/Navigating Care of Patients, including Rounds
   2. Gaps in Patient/Family Education and Coaching
   3. Gaps in Financial Planning/Funding of Needs to Recover
   4. Gaps in Shared Goals and Standards
   5. Gaps in Timely Patient Flow throughout Continuum
   6. Gaps in Services for Specific Patient Populations

B. Risk-based Contracting/Bundled Payments

C. Assessment of At-Risk Populations
   1. Homeless
   2. Undocumented
   3. Un- or underinsured
   4. Disabled
   5. Chronically Ill
   6. Elderly

D. Improving Population Health Programs of Care
   1. OB/Perinatal and Pediatrics
   2. Behavioral Health
   3. Substance Abuse
   4. Chronic Illness and Conditions
   5. Elderly
   6. End of Life and Palliative Care
   7. Integration of Behavioral and Physical Health
   8. Mentally and Physically Disabled
   9. Workers’ Compensation Population
   10. Occupational Health and Wellness

E. Accountable Care Organizations (ACOs)

F. Functions of Emergency Department Case Management

G. Medical Homes and Medical Specialty “Neighborhoods”

H. Skilled Nursing Facilities—Short and Long-term

I. Home Care and Hospice

J. Outpatient Services for Physical and Mental Health

K. Community Services and Resources
   1. Area Agency on Aging
   2. Parish Nursing
   3. Other Community Services

L. Roles to Manage Patients Across the Continuum
   1. RNs, Nurse Practitioners
   2. MSWs, BSW, LICSWs
   3. Ancillary Support Personnel; Schedulers
   4. Peers, Support Groups, Lay Educators
   5. Physicians

M. Developing and Using Care Plans, Guidelines, and Paths to Manage Patients Across Continuum
   1. Differences between Plans and Paths
   2. Identification of Desired and Negotiated Clinical Outcomes
N. Skills Needed by Professionals in the Continuum
   1. Comprehensive Assessments
   2. Motivational Interviewing
   3. Pricing Care Across the Continuum
   4. Effective Information Handoffs
   5. Clinical Documentation Improvement
   6. Leadership of Multidisciplinary Teams
   7. Learning New Evidence from Innovative Projects
   8. Knowledge of Clinical Trajectories
   9. Developing Life Care Plans

O. Trends Toward Consumerism
   1. Establishing a Patient/Family Advisory Council/Board
   2. Price Transparency
   3. Urgent Care Centers/Mini-clinics, etc.
   4. Medical Savings Accounts
   5. Patient Use of Healthcare-oriented Websites

P. In-Patient Rehabilitation Facility (IRF)
Q. Long Term Acute Care Hospital (LTACH)
R. Critical Access Hospital (CAH)

IV. TOOLS FOR CASE MANAGEMENT PRACTICES
A. Case Management-Related Software
   1. Commercial Tools for Utilization Review
   2. Tools for Discharge Planning
   3. Patient Tracking Boards
   4. Medication Reconciliation

B. Information Technology
   1. Selection Criteria for Electronic Medical Records (EMR)
   2. Teaching Use of EMRs
   3. Meaningful Use Criteria
   4. Ideal Elements of Patient Engagement Software and Technology
   5. Regional Health Information Organizations (RHIO)

C. Assessment and Intervention Tools
   1. Psychosocial Assessment
   2. Risk Factors for Readmission
   3. Cultural Assessment
   4. Health Literacy Assessment
   5. Level of Self-Care Assessment
   6. Activities of Daily Living Assessment (ADL)
   7. Instrumental Activities of Daily Living Assessment (IADL)
   8. Functional Inventory Measures (FIM)
   9. MDS (Minimum Data Set)
  10. OASIS
  11. IRF-PAI (Inpatient Rehabilitation Facility-Patient Assessment Instrument)
  12. Tools to Assess Depression
  13. Tools to Assess Substance Abuse
  14. Tools to Assess Placement Needs (PASSR)
15. Short Form (SF 8, 12, 36)
16. Tools to Assess Needs in Community
17. Other Tools

V. USING DATA TO CREATE INFORMATION, UNDERSTANDING, AND IMPROVEMENT
A. Data that is Publically Available
B. Payer Mix Data
   1. Performance on Risk Contracts
   2. Other
C. Quality Data
   1. Clinical Outcome Data
   2. HEDIS
   3. Core Measure Data
   4. Rates/Effects of Preventive Health Services
   5. Compliance with Care Bundles from IHI
   6. Other
D. Satisfaction Data
   1. Health Consumer Data across Levels of Care
   2. Case Management Department Engagement Data
   3. Physician Satisfaction Surveys
   4. Other Satisfaction Data
E. Financial Data
   1. Tracking of Final Denial Dollars Lost
   2. Readmission Penalties from CMS
   3. Bundled Payment Wins and Losses
   4. Value-based Purchasing Wins and Losses
   5. Revenue Cycle
   6. Revenue Protection
   7. Payment Methodology
   8. Other Financial Data
F. Physician Utilization Data/Practice Profiles and Feedback Methods
G. Visual Data Displays
   1. Graphs, Pie Charts, Bar Graphs
   2. Trend Analyses
H. Using Dashboards for Case Management Services
   1. Determining Contents of CM Dashboard
   2. Evaluating Targets vs. Actual Measures
I. Principles of Performance Improvement/Continuous Quality Improvement
J. Predictive Modeling
K. Health Plan Strategies
SAMPLE EXAMINATION QUESTIONS

In the following questions, choose the one best answer.

1. Which of the following groups is most frequently targeted for case management in the community?
   1. HIV patients
   2. Pregnant teenagers
   3. Homeless mothers
   4. Elderly people with multiple physical problems

2. Case managers provide a source of data on the adequacy of continuum resources for specific patient populations based on
   1. feedback from the third party payer.
   2. long-term evaluation of plan of care.
   3. discussion with patient support groups.
   4. monitoring and intervention for individual and population aggregate outcome variances.

3. Which of the following is a tool used to screen patients in the community for risk of an acute event?
   1. SF 36
   2. PRA Plus
   3. Juniper
   4. Picker Commonwealth survey

4. The major focus of a traditional Medicare DRG marketplace is to manage
   1. health of covered lives.
   2. wellness of the community.
   3. disease across the continuum.
   4. length of stay and cost per case in acute care settings.

5. Which of the following is the most effective way to impact physician behavior?
   1. Intimidation
   2. Accurate data
   3. Educational seminars
   4. Mandate from chief medical officer

6. Which of the following best describes a simple CQI tool used to display data over time?
   1. Run chart
   2. Tree diagram
   3. Patient chart
   4. Ishihawa diagram

CORRECT ANSWERS TO SAMPLE QUESTIONS

1. 1  2. 4  3. 2  4. 4  5. 2  6. 1
REFERENCES

The following references may be of some help in preparing for the examination. The list does not attempt to include all acceptable references nor is it suggested that the Certification Examination for Case Management Administrators is necessarily based on these references.

BOOKS


**Journals**

**Professional Case Management:** The official journal of the Case Management Society of America. Wolters Kluwer Health/ Lippincott Williams & Wilkins.

**Collaborative Case Management:** The official journal of the American Case Management Association. Little Rock, AR: The American Case Management Association.

**Outcomes Management for Nursing Practice,** Hagerstown, MD: Lippincott-Raven Publishers.

**Journal of Nursing Administration,** Wolters Kluwer Health/ Lippincott Williams & Wilkins.


**Social Work:** The official journal of the National Association of Social Work (NASW). NASW Press.


**Online Resources**

The Centers for Medicare & Medicaid Services
http://www.cms.hhs.gov

The Joint Commission (formerly known as JCAHO)
http://www.jointcommission.org

The “Index” page for the Social Security Act
https://www.ssa.gov/OP_Home/ssact/ssact-index.htm

The home page for the Social Security Act for Hospitals
http://www.ssa.gov/OP_home/ssact/title18/1861.htm

Community Health Accrediting Program
http://www.chapinc.org

American Osteopathic Association Health Facilities Accreditation Program (HFAP)
http://www.hfap.org/

Beneficiary Notice Initiative
Includes information on notification rights and Hospital Issued Notices of Non-Coverage (HINN)
http://www.cms.hhs.gov/BNI/

Agency for Healthcare Research and Quality
http://www.ahrq.gov
Please read the directions in the Handbook for Candidates carefully before completing this Application.

MARKING INSTRUCTIONS: This form will be scanned by computer, so please make your marks heavy and dark, filling the circles completely. Please print uppercase letters and avoid contact with the edge of the box. See example provided.

Candidate Information

Please enter your Name exactly as it appears on your current Government-Issued Photo I.D.

- First Name
- Middle Initial
- Last Name
- Suffix (Jr., Sr., etc.)
- Mr.
- Mrs.
- Ms.
- Dr.

Home Address - Number and Street

City

State/Province

Zip/Postal Code

Daytime Telephone Number

Exam Date: Spring Fall

Eligibility and Background Information

D. NUMBER OF CASE MANAGERS SUPERVISED:

- Not applicable
- 5 or less
- 6 to 12
- 13 to 20
- More than 20

E. EXPERIENCE IN CASE MANAGEMENT ADMINISTRATION:

- Not applicable
- 3 years
- 4 to 10 years
- 1 to 2 years
- More than 10 years

F. PERCENT OF TIME CURRENTLY SPENT IN CASE MANAGEMENT:

- Not applicable
- Less than 25%
- 25 to 50%
- More than 75%

G. EXPERIENCE IN CASE MANAGEMENT:

- Less than 3 years
- 3 to 4 years
- 5 years
- More than 5 years

H. HIGHEST ACADEMIC LEVEL ATTAINED:

- Bachelor's Degree
- Doctoral Degree
- Master's Degree
- Other (specify) ______________

I. PROFESSIONAL BACKGROUND:

- Nursing
- Business/Hospital Administration
- Social Work
- Other (specify) ______________

- Medicine

(Check Page 2)
Application for Certification Examination for Case Management Administrators

Eligibility and Background Information

J. PRIMARY PRACTICE SETTING:
(Darken only one response.)
- Academic Institution
- Acute Care
- Subacute Care
- Long Term Care
- Home Health Care
- Other (specify)

L. ARE YOU CURRENTLY, OR HAVE YOU EVER BEEN, CERTIFIED AS A CASE MANAGEMENT ADMINISTRATOR BY THE CENTER FOR CASE MANAGEMENT?
- Never certified
- Currently certified; applying for recertification
- Previously certified but certification lapsed; applying for recertification

K. HAVE YOU TAKEN THIS EXAMINATION BEFORE?
- No
- Yes
If yes, indicate month, year and name under which the examination was taken.
- Date (month/year): ________________________________
- Name: ________________________________

Optional Information

Note: Information related to race, age, and gender is optional and is requested only to assist in complying with general guidelines pertaining to equal opportunity. Such data will be used only in statistical summaries and in no way will affect your test results.

Race:
- African American
- Asian
- Hispanic
- Native American
- White
- No Response

Age Range:
- Under 25
- 25 to 29
- 30 to 39
- 40 to 49
- 50 to 59
- 60+

Gender:
- Male
- Female

Verification of Work Experience by Supervisor

I verify that to the best of my knowledge this candidate's listed experience is accurate, correct, and complete.

Signature
Title
Institution/Organization
Phone
Address (City, State)
Date

Candidate Signature
I have read the Handbook for Candidates and understand I am responsible for knowing its contents. I certify that the information given in this Application is in accordance with Handbook instructions and is accurate, correct, and complete.
I give permission to the CCM to use demographic information in this application solely for statistical purposes in supporting certification.

Candidate Signature: ________________________________ Date: ________________________________

CREDIT CARD PAYMENT

If you want to charge your application fee on your credit card provide all of the following information.

Name (as it appears on your card): ________________________________
Address (as it appears on your statement): ________________________________
Charge my credit card for the total fee of: $ ________________________________
Expiration date (month/year): _______/_______
Card type:
- Visa
- MasterCard
- American Express
Card Number: ________________________________
SIGNATURE: ________________________________

FOR OFFICE USE ONLY

Date
Fee: _______/_______
☐ CC  ☐ Check

CMAC, PROFESSIONAL TESTING CORPORATION, 1350 BROADWAY, 17th FLOOR, NEW YORK, NY 10018
WWW.PTCNY.COM  (212) 356-0660  ALL RIGHTS RESERVED  PTC14093