

# APPLICATION FOR POST-APPROVAL OF CONTINUING EDUCATION

(If the activity you completed did not have prior approval from CCMC, you must complete a **SEPARATE** form for each continuing education activity for which you seek credit. To submit future requests, make copies of this form **BEFORE** completing it.)

\_\_\_\_\_  
Certificate Number

\_\_\_\_\_  
Last Name                      First Name                      Middle Name

\_\_\_\_\_  
Daytime Number (with area code)

\_\_\_\_\_  
Street Address                      City and State                      Zip Code

\_\_\_\_\_  
Facsimile Number (with area code)

\_\_\_\_\_  
Program Title

\_\_\_\_\_  
Program Location (city and state)

\_\_\_\_\_  
Sponsoring Organization

\_\_\_\_\_  
Program Dates

\_\_\_\_\_  
Program Instructors

\_\_\_\_\_  
Clock Hours Requested

\_\_\_\_\_  
*Check the title that most accurately describes the activity that you completed.*

1-Multi-day Conference

3-Home Study/Internet

2-Seminar/Workshop

4-College or University Course

\_\_\_\_\_  
*Complete this section.*

1. Indicate the primary focus area that describes the content of your continuing education activity by checking the appropriate box below.

01-Case Management Concepts

04-Healthcare Management & Delivery

02-Case Management Principles & Strategies

05-Healthcare Reimbursement

03-Psychosocial and Support Systems

06-Vocational Concepts & Strategies

2. Describe how your continuing education activity relates to the domain focus area you checked. Use a separate piece of paper if necessary.

3. Attach all required documentation and the non-refundable processing fee.

The fee for one request is \$10. A fee of \$35 is charged if you have attended four or more programs in one calendar year (January 1 through December 31). Payment may be made to CCMC by check or money order.

**All fees are non-refundable.**

Enclosed is the \$10 fee.

Enclosed is the \$35 fee.

\$ \_\_\_\_\_ is enclosed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date