

APPLICATION FOR VOLUNTARY SERVICE ON CCMC
(MUST BE TYPED OR PRINTED AND RECEIVED BY MARCH 1 FOR SAME YEAR CONSIDERATION)

1. _____
 Name CCM Certification Number (if applicable)

_____ Home Phone
 Preferred Mailing Address

_____ Work Phone
 City/State/Zip Code

_____ Fax
 E-Mail Address

2. **Please check your current job title.**

- | | | |
|---|---|---|
| <input type="checkbox"/> Administrator/Supervisor/Manager | <input type="checkbox"/> Insurance Benefits Manager | <input type="checkbox"/> Staff/Clinical Nurse |
| <input type="checkbox"/> Admissions Liaison | <input type="checkbox"/> Medical Doctor | <input type="checkbox"/> Utilization Reviewer |
| <input type="checkbox"/> Bill Auditor | <input type="checkbox"/> Not Currently Employed | <input type="checkbox"/> Vocational Evaluator |
| <input type="checkbox"/> Care Coordinator | <input type="checkbox"/> Occupational Therapist | <input type="checkbox"/> Work Adjustment Specialist |
| <input type="checkbox"/> Case Manager | <input type="checkbox"/> Physical Therapist | <input type="checkbox"/> Other – Specify: _____ |
| <input type="checkbox"/> Discharge Planner | <input type="checkbox"/> Rehabilitation Counselor | _____ |
| | <input type="checkbox"/> Social Worker | _____ |

3. **Please check your current employment setting.**

- | | | |
|---|--|--|
| <input type="checkbox"/> Community Residential Program | <input type="checkbox"/> Independent Insurance Affiliate | <input type="checkbox"/> Veterans' Administration Agency |
| <input type="checkbox"/> Government Agency | <input type="checkbox"/> Liability Insurer | <input type="checkbox"/> Workers' Compensation Insurer |
| <input type="checkbox"/> Health Insurance Co. | <input type="checkbox"/> Life/Disability Insurer | <input type="checkbox"/> Other – Specify: _____ |
| <input type="checkbox"/> Home Care Agency | <input type="checkbox"/> Managed Care Company | _____ |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Mental Health Center | _____ |
| <input type="checkbox"/> Independent Case/Care Management Co. | <input type="checkbox"/> Rehabilitation Facility Program | |
| | <input type="checkbox"/> Reinsurance | |

4. **List your current employer (or business name if self-employed). Summarize your current employment or practice responsibilities and how they relate to the practice of case management:** _____

5. **Highest educational degree attained:** _____
Area of concentration: _____

6. **List all certifications/licenses maintained:** _____

7. **Have you ever 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 NO If yes, please attach an explanation stating the facts in full.

8. **List your memberships in national organizations over the past ten (10) years:**
- | | |
|----------|---|
| a. _____ | <input type="checkbox"/> Membership current |
| b. _____ | <input type="checkbox"/> Membership current |
| c. _____ | <input type="checkbox"/> Membership current |
| d. _____ | <input type="checkbox"/> Membership current |
| e. _____ | <input type="checkbox"/> Membership current |

9. **Describe your leadership role in national organizations (e.g. any committees you chaired or in which you participated, grant writing, etc.):** _____

10. **The role of a commissioner is to serve as a representative of the committee and assist in setting policies and guidelines through committee work. Please review the committee descriptions on the next page and summarize how you expect your expertise/experience to enhance the commission's activities.** _____

11. **Excluding the Executive Committee (which is comprised of current officers), the Commission's activities are carried out through the following committees. If elected, please indicate those committees that you would be interested in serving on. (Note: This does not guarantee that you will be assigned to serve on those committees indicated.)**

Appeals Committee: Reviews and makes determinations on appeals of applicants whose candidacy for certification has been denied by the Eligibility Compliance Committee; and accepts and rules upon any other grievance issue concerning the certification process. This committee meets in person twice per year. _____

By-Laws Committee: Reviews and recommends changes in the By-Laws to the Board of Commissioners. This committee meets via teleconference as necessary. _____

Committee on Ethics and Professional Conduct: Issues opinions regarding the interpretation and application of the Code of Professional Conduct for Case Managers, oversees investigations, and rules on cases involving alleged violations, maintaining strict confidentiality. This committee meets via teleconference and in-person, in conjunction with the Mid-Year Meeting (if applicable) and the Annual Meeting. _____

Examination and Research Committee: Refines the certification examination, oversees the creation and review of examination items and monitors the field testing process. Oversees development and distribution of all research data related to the certification examination. This committee meets in-person at least twice per year. All members must also attend one (1) item writing workshop. _____

Eligibility Compliance Committee: Establishes the Commission's criteria for certification, certification renewal and continuing education; refines and clarifies the standards and criteria and recommends additions or revisions of standards and criteria for certification and certification renewal; and reviews and makes recommendations for continuing education approval plans. This committee meets twice per year, in February and August. _____

Finance & Audit Committee: Reviews financial documents and the policy for Commission investments; recruits and hires independent auditor; receives, reviews, and approves the annual audit and any accompanying management letter; and sets policy for Commissioners' participation in budgetary activities. This committee meets up to four times per year. _____

New Product Development Committee: Reviews potential new products to be developed, purchased and/or implemented by the CCMC; explores, evaluates, and makes recommendations regarding possible new product offerings. This committee meets up to four times per year. _____

Public Affairs and Communications Committee: Establishes and maintains communication and working relationships with other organizations, agencies, groups, corporations or individuals. This committee meets twice per year via teleconference. _____

12. ***A commissioner is expected to contribute at least 140 hours of voluntary service to Commission activities per year, not including travel, during his or her four-year term. The Commission pays travel expenses. Can you make this commitment?***

YES NO

13. ***I have attached a copy of my current vita/resume and have read, signed and returned the materials that were provided with regard to the role and conduct of a commissioner. If elected to the Commission, I am willing to undertake the responsibilities required of a commissioner.***

Signature

Date

***Please email or fax the application to
CCMCHQ@ccmcertification.org or fax to 856-439-0525.***

ROLE OF COMMISSIONERS

The CCMC sets policies and establishes guidelines for the staff to follow in administering the day-to-day operations of the organization. In general, a commissioner is expected to serve as a representative of the commission and is responsible for completing all assignments and charges, responding to all communications, and attending all meetings. Specifically, a commissioner is expected to:

- Attend the mid-year and annual meetings.
- Attend scheduled committee meetings.
- Respond to all items requesting input within the time indicated.
- Serve on committee(s), as assigned, and follow through on all committee assignments.
- Represent the commission in an appropriate manner.
- Represent the commission at various professional meetings as requested.

A commissioner is expected to focus on the development of broad policies to govern the implementation of CCMC's certification programs and processes. This role is separate and distinct from that of the Chief Executive Officer, who is responsible for the implementation and day-to-day administration of commission policies. A commissioner is also expected to observe strict confidentiality with regard to commission business and to immediately disclose to the Chief Executive Officer any actual or potential conflicts of interest or situations that might be viewed as a conflict of interest.

The primary role of the commission is to:

- Establish the eligibility criteria and examination content for the certification process.
- Set policies and guidelines for the administration of the certification process.

In addition, commission members are responsible for:

- Developing long-range plans for the commission.
- Approving and monitoring the overall financial operations of the commission to ensure its continuing fiscal stability.
- Providing the technical expertise needed to maintain the highest level of quality in the services and products provided by the Commission.
- Representing the commission by describing its certification process to consumers, allied professionals, and the public in the most positive manner possible. This includes publicly supporting the commission's position on all proposed actions once such actions have been approved by a majority vote of the commission members.
- Setting specific goals for each committee. It is the committee's responsibility to establish objectives that will enable it to achieve those goals. After each committee meeting, the chair of that committee will be responsible for providing a written report to the Chief Executive Officer for distribution to the other commissioners.
- Conduct such other activities as are compatible with the operation of a certification program.

I will fulfill the duties and responsibilities of a commissioner with integrity, collegiality, and due care. If, for any reason, I find myself unable to carry out my duties as outlined in this document, I agree to resign from the commission.

I agree that, if elected to serve as a commissioner on the CCMC, that I will not participate in the development or in the presentation of any CCM certification examination preparation course or study guide while I am on the commission or for a minimum of three years following my last day of service on CCMC.

Signature

Date