INQUIRIES AND APPLICATIONS

Requests for applications or information regarding the certification process should be directed to:

COMMISSION FOR CASE MANAGER CERTIFICATION
1835 Rohlwing Road, Suite D
Rolling Meadows, Illinois 60008
(847) 818-0292
www.ccmcertification.org

OFFICE HOURS ARE 9:00 A.M. TO 5:00 P.M. CENTRAL TIME.

CERTIFICATION GUIDES

The acronym CCM is used throughout this guide to refer to the designation Certified Case Manager. CCMC is used to refer to the Commission for Case Manager Certification. If you decide to apply for certification, please keep this guide on file. You will find it contains information you need to help you through the application and examination processes. The back cover provides a place to record your certification status.

To keep costs down, only one free guide is provided to each applicant.

Additional copies are available for a fee from the commission’s business office.

The information in this guide is updated periodically. Therefore, unless you received your copy from the commission office in the current exam cycle, we suggest you contact us to make certain you have the most recent edition.

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CHANGES OF ADDRESS

The commission uses first-class mail to maintain contact with all candidates.

It is your responsibility to notify the commission immediately of any change in your name or address.

The commission has requested address correction information from the post office on all of its mail. Therefore, if your address is not current, the mail we send you will be returned to our office even if you have filed a forwarding address with the post office.

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Revised: November 2004
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DEFINITION OF CASE MANAGEMENT

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet an individual’s health needs, using communication and available resources to promote quality, cost-effective outcomes.

PHILOSOPHY OF CASE MANAGEMENT

Case management is not a profession in itself, but an area of practice within one’s profession. Its underlying premise is that when an individual reaches the optimum level of wellness and functional capability, everyone benefits: the individuals being served; their support systems; the health care delivery systems; and the various reimbursement sources.

Case management serves as a means for achieving client wellness and autonomy through advocacy, communication, education, identification of service resources, and service facilitation. The case manager helps identify appropriate providers and facilities throughout the continuum of services, while ensuring that available resources are being used in a timely and cost-effective manner in order to obtain optimum value for both the client and the reimbursement source. Case management services are best offered in a climate that allows direct communication between the case manager, the client, and appropriate service personnel, in order to optimize the outcome for all concerned.

Certification determines that the case manager possesses the education, skills, and experience required to render appropriate services based on sound principles of practice.
SECTION 1: THE CERTIFICATION PROGRAM

To earn the designation of Certified Case Manager (CCM), persons who seek this credential must be of good moral character, meet acceptable standards of quality in their practice, and must demonstrate that they possess an acceptable minimum level of basic knowledge (based on the criteria set forth in this Guide) with regard to the case management process.

The initial certification is valid for five years. It is achieved by satisfying specific licensure/certification and employment requirements and achieving a passing score on the CCM examination. The latter is based on a body of knowledge that encompasses laws, public regulations, and the delivery of case management services as practiced within the United States.

In granting the CCM designation, it is not the intent of the commission to guarantee that a specific individual is suitable for employment or to impose restrictive staffing requirements on any agency. Rather, the objective is to establish a national certification process that can be used with confidence by any interested party as a measure of an individual's basic knowledge of case management. The commission does not discriminate on the basis of race, religion, national origin, gender, age, disability, or marital status.

Information submitted as part of the application, certification and certification renewal processes becomes the property of the commission and will not be released to outside parties unless authorized by the applicant/certificant or unless required by law. Individual score reports are released to the candidate and are not released to any institution or employer. For research and statistical purposes only, data resulting from the certification process may be used in an anonymous/unidentifiable manner.

The commission does provide a database listing certificants on its website, which is updated periodically, for the use of the public. The commission also received and responds to requests for information about the certification status of those holding its credential.

The certification can be renewed at five-year intervals if the individual demonstrates ongoing professional development either through documentation of an approved program of continuing education or by retaking the certification examination and achieving a passing score. Applicants for certification renewal must also verify that they continue to hold the license or certification they held at the time of their initial certification as a CCM, and that they remain of good moral character. Certification renewal is considered an essential part of an effective credentialing process and is intended to promote acceptance of the CCM credential by employers, clients, peers, health care professionals, and health care consumers.

SECTION 2: THE CERTIFICATION CALENDAR

The CCM examination is administered twice a year, normally on the last Saturday of April (Spring exam) and the last Saturday of October (Fall exam). The certification calendar in this section shows the sequence of events.

Because of the possibility of postal delays, we strongly encourage you to send your application to the business office at least five days prior to the application deadline (November 15 or May 15). For the application to be considered complete, the following criteria must be met:

1. ALL licensure or certification and work experience eligibility requirements must be fully satisfied before the November 15 deadline for the spring exam or the May 15 deadline for the fall exam.

2. An application for the spring exam will NOT be accepted if it is postmarked after November 15; an application for the fall exam will NOT be accepted if it is postmarked after May 15. The commission considers a postmark to be either: 1) the date stamp placed on an item by the U.S. Postal Service signifying it has been picked up for delivery; or 2) the date stamp placed on an item by a private carrier signifying it has been picked up for delivery by that carrier.

3. ALL questions/blanks on the application form must be completed, either by a response or “N/A” where appropriate.

4. Upon receipt of your application and fee by CCMC, you will be assigned a unique customer number and
sent forms to verify your employment and license or certification. If you have not received your customer number and application packet within 20 days after you send in your application, please call the CCMC office.

4. ALL applications must be accompanied by the non-refundable processing fee of $130. Checks should be made payable to “CCMC.” Please send your completed application and the fee to the commission business office.

**IMPORTANT DATES / DEADLINES**

*We ask that you pay particular attention to the various deadlines that occur during the application process.*

If schedules for requested information are not met by the applicant, CCMC may assess late documentation fees to cover its processing costs.

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**The Application Process**

Once all verification forms are received, your application will be reviewed by the commission’s Eligibility Compliance and Certification Renewal Committee (see Section 6) or a subcommittee thereof. Approved candidates can expect their notification by March 15 (spring exam) or September 15 (fall exam). Denied candidates are also notified at this time, and will receive an explanation of the Eligibility Compliance Committee’s decision, together with an application for appeal.

A denial by the Eligibility Compliance Committee will absolutely preclude a candidate from sitting for the examination scheduled based on the application date. However, appeals will be considered by the Appeals Committee in time to render a decision prior to the next examination date.
SECTION 3: LICENSURE/CERTIFICATION REQUIREMENTS

To be eligible for voluntary certification as a case manager, an applicant must be of good moral character, reputation, and fitness for the practice of case management; must meet ALL of the licensure or certification criteria described in this section; and must qualify under one of the commission’s employment experience categories in Section 4.

All licensure or certification criteria MUST be fully satisfied by the application deadline (November 15 for the spring exam or May 15 for the fall exam).

All requested documentation must be received before CCMC can determine your eligibility for certification.

Criteria

An applicant’s license or certification must be based on a MINIMUM educational requirement of a post-secondary degree program in a field that promotes the physical, psychosocial, or vocational well-being of the persons being served. A post-secondary degree is defined as any nursing school, college or university diploma obtained after graduating from high school (nursing diploma or associate’s, bachelor’s, master’s or doctorate degree).

The certification awarded upon completion of the educational program MUST have been obtained by the applicant’s having taken an examination in his/her area of specialization. If you have successfully obtained licensure through your state, CCMC recognizes each state’s criteria for licensure as fulfilling the licensure requirement.

Furthermore, completion of the educational program’s licensing or certification process must grant the holder of the license or certification the ability to legally and independently practice WITHOUT THE SUPERVISION OF ANOTHER LICENSED PROFESSIONAL.

Definitions

LICENSURE: The commission considers licensure to be a process by which a government agency grants permission to an individual to engage in a given occupation, provided that person possesses the minimum degree of competency required to reasonably protect public health, safety, and welfare. To meet the commission’s requirements, an applicant’s license must be current and active in the state in which he or she practices. The applicant and license holder must be classified as being in good standing in the state in which he/she practices. Upon receipt of your application, CCMC will provide you with a verification form to submit to the grantor of your license. CCMC allows for Internet license verification; visit the agency’s web site and print out the license verification. Then photocopy the front and back of your current license and forward both to the Administrative Office.

CERTIFICATION: The commission considers certification to be a process by which a government or non-government agency grants recognition to an individual who has met certain predetermined qualifications set by a credentialing body. To meet the commission’s requirements, an applicant’s certification must be current and active, and the holder classified as being in good standing by the credentialing body. Upon receipt of your application, CCMC will provide you with a verification form to submit to the grantor of your certification. CCMC allows for Internet verification so that you may visit the agency’s web site and print out your certification verification. Then photocopy the front and back of your current certificate and forward both to the Administrative Office.
SECTION 4: ACCEPTABLE EMPLOYMENT EXPERIENCE

Categories

In addition to satisfying CCMC’s licensure or certification criteria, applicants must qualify under ONE of the employment experience categories described below. For any employment to be considered, it must have been acquired after the ability to become a state licensed/certified professional, and must be fully satisfied by the application deadline (November 15 for the spring exam or May 15 for the fall exam). To be considered acceptable, the employment must be verified.

All part-time employment experience will be pro-rated based on a 37 hour full-time work week. All work experience, past and present, may be considered by the commission in determining a candidate’s eligibility for certification. Internship, preceptorship, practicum, and volunteer activities are NOT considered acceptable employment experience.

The employment experience categories are as follows:

**Category 1**
12 months of acceptable full-time case management employment experience supervised by a Certified Case Manager (CCM). **Supervision is defined as the systematic and periodic evaluation of the quality of the delivery of the applicant's case management services.**

**Category 2**
24 months of acceptable full-time case management employment experience. (Supervision by a CCM is not required under this category.)

**Category 3**
12 months of acceptable full-time case management employment experience as a supervisor of individuals who provide **DIRECT** case management services.

Verification Process

The information requested is needed in order for the Eligibility Compliance Committee to take a consistent, objective approach to evaluating each application on its own merits. For an individual's employment as an employed or self-employed/independently contracted case manager to qualify for review, the following conditions must be met:

*For Case Managers Employed by an Agency, Institution or Corporation:*

1. Each place of employment you list **MUST** be verified by a manager, supervisor, or employer on the employment verification forms that will be sent to you with the commission's acknowledgment of your application.

2. The case management employment verification form must be completed and signed by your manager, supervisor, or employer. It must be accompanied by an official job description (see next section titled Official Job Description) that also has been signed by the individual who signed the employment verification form.

3. **YOU MUST INCLUDE YOUR NAME AND CUSTOMER NUMBER ON ALL VERIFICATION DOCUMENTS.**

*For Self-Employed/Independently Contracted Case Managers:*

1. To verify self-employment (if indicated on your application), three purchasers of your services **MUST** complete the form titled **Verification of Services Provided as an Individual Contract Case Manager.** You will receive three of these forms from the commission. You must attach an official job description (see next section titled Official Job Description) to the form prior to requesting completion by the purchasers of your services. The form is to be completed by the purchaser of your services. The purchaser of your services **MUST** sign both the completed form and the job description.
2. You will also receive a form titled Self-Description of Activities as an Individual Contractor Case Manager that you must complete, sign, and return to the commission along with the job description for case management used in your practice.

3. You are encouraged to send the commission any materials that describe the type of case management services you offer.

4. YOU MUST INCLUDE YOUR NAME AND CUSTOMER NUMBER ON ALL VERIFICATION DOCUMENTS.

**Official Job Description**

The CCM designation is experience-based. Therefore, for your work experience to be considered acceptable, your official job description must reflect:

1. Your performance of the services encompassed by the six essential activities of case management described later in this section.

2. Direct client contact within a minimum of five of the six core components of case management described later in this section.

3. Your provision of services across a continuum of care that addresses the ongoing needs of the individual being served by the case management process (see next page).

4. Your provision of services that interact with relevant components of the client’s health care system (see next page).

5. Your provision of services that deal with the individual’s broad spectrum of needs (see next page).

6. That you spend **NO LESS** than 50% of your time on:
   a) the provision of direct case management services; or
   b) the supervision of those who provide direct case management services, in which case you must submit two official job descriptions: one for your position as a supervisor and one for the case managers you supervise. The person who supervises you should be the individual who signs your employment verification form and both job descriptions.

7. If your official job description is global in nature and does not identify all of the case management activities that you perform, have your employer/supervisor/purchaser of services write a letter describing your specific case management activities in order to clarify and expand upon your official job description. This letter must be on company letterhead, signed by your employer/supervisor/purchaser of services, and notarized.

**Essential Activities of Case Management**

1. **ASSESSMENT**
   Assessment is the process of collecting in-depth information about a person’s situation and functioning to identify individual needs in order to develop a comprehensive case management plan that will address those needs. In addition to direct client contact, information should be gathered from other relevant sources (patient/client, professional caregivers, non-professional caregivers, employers, health records, educational/military records, etc.).

2. **PLANNING**
   The process of determining specific objectives, goals, and actions designed to meet the client’s needs as identified through the assessment process. The plan should be action-oriented and time-specific.
3. **IMPLEMENTATION**  
The process of executing specific case management activities and/or interventions that will lead to accomplishing the goals set forth in the case management plan.

4. **COORDINATION**  
The process of organizing, securing, integrating, and modifying the resources necessary to accomplish the goals set forth in the case management plan.

5. **MONITORING**  
The ongoing process of gathering sufficient information from all relevant sources about the case management plan and its activities and/or services to enable the case manager to determine the plan's effectiveness.

6. **EVALUATION**  
The process, repeated at appropriate intervals, of determining the case management plan’s effectiveness in reaching desired outcomes and goals. This might lead to a modification or change in the case management plan in its entirety or in any of its component parts.

**Core Components of Case Management**

Applicants must also be able to demonstrate that, as part of their employment, they apply the six essential activities detailed above within a minimum of five of the following six core components. More information on each component is found in Section 7: The Certification Examination (page 11).

1. Processes and Relationships  
2. Health Care Management  
3. Community Resources and Support  
4. Service Delivery  
5. Psychosocial Intervention  
6. Rehabilitation Case Management

The core components listed above MUST:

1. Be applied across the continuum of care. The continuum of care matches ongoing needs of the individuals being served by the case management process with the appropriate level and type of health, medical, financial, legal and psychosocial care for services within a setting or across multiple settings.

2. Involve interactions with relevant components of the individual’s health care system such as physicians, family members, third-party payors, employers, and other health care providers.

3. Deal with the individual’s broad spectrum of needs.

In addition, the primary focus must be on case management practice.
IS MY EMPLOYMENT EXPERIENCE ACCEPTABLE?

Has your employment experience in the category under which you are applying been fully satisfied PRIOR to the application deadline?

- **NO** STOP! You are not eligible

Are you performing case management activities or supervise those who perform case management activities at least 50% of the time?

- **YES**

Does your job description clearly demonstrate you provide the 6 Essential Functions of Case Management? (Section 4)

- **NO**

Does your job description clearly demonstrate that you are applying the 6 Essential Functions across 5 of the 6 Core Areas? (Section 4)

- **NO**

Does your job description clearly demonstrate that you are addressing the ongoing needs of the consumer? (Section 4)

- **NO**

Does your job description clearly demonstrate that you are providing services beyond a single episode of care? (Section 4)

- **NO**

Does your job description clearly demonstrate that once you have referred and are following up with the consumer that you continue to apply the 6 Essential Functions across 5 of the 6 Core Areas? (Section 4)

- **NO**

Does your job description clearly demonstrate that you are responsible for interacting with other relevant parties within the healthcare system? (Section 4)

- **NO**

Does your job description clearly demonstrate that you are primarily responsible for dealing with the consumer’s broad spectrum of needs without providing direct, hands-on care? (Section 4)

- **NO**

YOUR EXPERIENCE IS ACCEPTABLE, PENDING COMMITTEE REVIEW

Does your job description clearly demonstrate you provide the 6 Essential Functions of Case Management? (Section 4)

- **YES**

Does your job description clearly demonstrate that you are applying the 6 Essential Functions across 5 of the 6 Core Areas? (Section 4)

- **YES**

Does your job description clearly demonstrate that you are addressing the ongoing needs of the consumer? (Section 4)

- **YES**

Does your job description clearly demonstrate that you are providing services beyond a single episode of care? (Section 4)

- **YES**

Does your job description clearly demonstrate that once you have referred and are following up with the consumer that you continue to apply the 6 Essential Functions across 5 of the 6 Core Areas? (Section 4)

- **YES**

Does your job description clearly demonstrate that you are responsible for interacting with other relevant parties within the healthcare system? (Section 4)

- **YES**

Does your job description clearly demonstrate that you are primarily responsible for dealing with the consumer’s broad spectrum of needs without providing direct, hands-on care? (Section 4)

- **YES**

YOUR EXPERIENCE IS ACCEPTABLE, PENDING COMMITTEE REVIEW

STOP! You do not meet criteria. Write a supporting letter (Section 4)
SECTION 5: INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please read these instructions carefully before you begin filling out your application. If your application is incomplete or illegible, it will be returned. The application must be accompanied by the NON-REFUNDABLE processing fee of $130.

All licensure/certification and employment experience requirements must be fully satisfied before the application deadline (November 15 or May 15). Any application that does not meet ALL of the licensure or certification criteria as well as the acceptable employment experience in one of the categories shown in this guide will be automatically denied WITH NO REFUND OF THE APPLICATION PROCESSING FEE. Persons who wish to re-apply would have to submit a new application, pay a second, non-refundable fee, and meet the eligibility criteria in effect at the time of re-application.

THE DEADLINE FOR ACCEPTING APPLICATIONS WILL NOT BE EXTENDED FOR ANY REASON. Therefore, it is advisable to mail your application as early as possible, but not until you can satisfy all of the licensure/certification and employment experience requirements in the category you have selected. Although the application form is self-explanatory, the following comments may be helpful in completing it properly, thus avoiding possible processing delays.

PAGES 1, 2 - General Information

☐ Items 1 and 2: Demographic Information

Print your name, address, telephone, e-mail and Social Security number clearly in the spaces provided, as this will be the basis for your application records. Illegible applications will be returned.

☐ Item 3: Gender (Optional)

You have the option of not responding to this question. Put a diagonal line through the response section if this is your choice.

☐ Item 4: Date of Birth

Write the month, day, and year of your birth in the space provided.

☐ Item 5: Direct Case Management Experience

Write your response (whole years only) in the space provided.

☐ Item 6: Self-Description (Optional)

Circle the most appropriate description for yourself. Race as defined by the US Census Bureau. Again, you have the option of not responding. Put a diagonal line through the response section if this is your choice.

☐ Items 7a and 7b: Exam Accommodations (Religious Reasons/Functional Limitation)

The commission is committed to helping those candidates who may require exam accommodations due to religious reasons or a functional limitation. If you require some type of accommodation, mark the appropriate item “yes” and complete the Examination Accommodations History.

☐ Item 8: Previous Application

If your response is yes, please include the CCM ID number that was previously assigned to you.

☐ Item 9: Licenses, Certificates

Write the type, ID #, original date issued, expiration date, and grantor of any licenses or certifications you currently hold in the spaces provided.

Your application acknowledgment letter will include a form to be completed by the grantor of your license/certification attesting to your licensure/certification status. Please have the grantor complete the form and return it to the commission. CCMC allows for licensure verification over the Internet; see
Section 3 for more information.

☐ Item 10: Degrees
Check the highest educational level you have attained and indicate the area of emphasis if appropriate.

☐ Item 11: Application Category
You must qualify under one of the commission’s three employment experience categories to qualify for certification. Check the category that applies to you.

☐ Item 12: CCM Supervision
If you are applying under Category 1 (12 months of case management employment supervised by a CCM), you must complete this section.

☐ Item 13: Job Title
Check only one description; choose the one that best describes your work.

☐ Item 14: Employment Setting
Again, check only ONE.

☐ Exam Accommodations History
These pages are to be completed ONLY by those applicants who answer “yes” to items 7a or 7b.

The commission is committed to providing fully accessible, smoke-free testing sites and to helping those candidates who may require exam accommodations due to religious reasons or a functional limitation. If you require some type of accommodation, mark the appropriate item “yes” and complete the Examination Accommodations History (pages 4 and 5 in the application). According to ADA guidelines, the same accommodations may be used by individuals with different disabilities and individuals with the same disability may use different accommodations.

FOR INDIVIDUALS WITH FUNCTIONAL LIMITATIONS: The commission is committed to providing barrier-free and smoke-free examination sites for all candidates. This commitment includes accommodating those candidates who need assistance in completing their examination because of functional limitations. When required, arrangements may be made if a candidate cannot take the examination under the usual testing conditions. If a candidate’s disability requires that a scribe be present, the candidate may provide his/her own, provided the scribe is not a professional or a student in a health care services program. A statement that this is the case will be required from the candidate AND the scribe prior to the examination. The certification examination can be administered in Braille, large print, or on a cassette tape. However, notification of such needs must be made at the time of application. Individuals who plan to use cassettes must provide their own tape player.

FOR SABBATH OBSERVERS: Accommodations will be made for those candidates who cannot sit on the scheduled examination date for religious reasons. However, the applicant must notify the commission of this need at the time of application. To request an alternative examination administration, you must submit a letter on letterhead stationery signed by your minister or rabbi with your application. This letter must confirm your affiliation with a recognized religious group that observes its Sabbath on Saturday. Sabbath observers are required to have a current CCM monitor the examination. It is helpful if the applicant can provide the commission with the name of an individual who can monitor the examination.

Except for the day of the week on which they are given, examinations for Sabbath observers must be administered under the same conditions as those that apply for the regularly scheduled sitting.

An alternate examination will be administered on the scheduled examination day and up to seven (7) days following the scheduled examination date.
Professional Case Management Employment Experience
To qualify as acceptable, your case management employment experience must satisfy the definitions provided for the six essential activities of case management. All of these activities must be performed within a minimum of five of the six core areas of case management included in Section 4. Furthermore, activities must be applied across the continuum of care.

Case Management Employment Experience
Complete all questions. Begin with your most recent position.
Before completing the employment section of the application, read Section 4: Acceptable Employment Experience very carefully. The commission will send you all required employment verification forms with its acknowledgment that your application has been received.
Your application will not be considered complete until this documentation is received.

CCM Moral Questions
You must answer all questions on this page. If you answer “yes” to any question except number 1, you must attach a full explanation, documentation, and, if applicable, a final decree.

Code of Professional Conduct
This page contains the Principles and Rules of Conduct given in the Code of Professional Conduct for Case Managers. The complete Code of Professional Conduct is found on CCMC’s website: www.ccmcertification.org.

Additional Information/Statement of Understanding
This page provides information on the criteria required to complete your application. The same information is included in your certification guide. Read the Statement of Understanding carefully, then sign and date your application. NO APPLICATION WILL BE ACCEPTED WITHOUT A SIGNATURE AND A DATE.

Payment Option
Complete information requested, and be sure to sign where indicated if you choose to pay by Visa or MasterCard.

Signing the CCM application carries with it an acknowledgment that the information provided by the candidate is accurate. If the commission subsequently learns that a certification was granted on the basis of false, misleading or inaccurate information, it has the right to suspend or revoke the CCM designation.

When you sign your application, you agree to the following in the Statement of Understanding: “Furthermore, I agree that for research and statistical purposes only, data resulting from the certification process may be used in an anonymous/unidentifiable manner”.
SECTION 6: ELIGIBILITY COMPLIANCE COMMITTEE
REVIEW AND APPEALS PROCESS

The Eligibility Compliance Committee has the responsibility to review or cause to be reviewed in a fair and consistent manner every application to determine that applicants satisfy all of the commission’s currently published eligibility criteria. The committee generally convenes eight weeks after the application deadline dates (see page 3). A denial by the Eligibility Compliance Committee will absolutely preclude a candidate from sitting for the scheduled examination. However, appeals will be considered by the Appeals Committee in time to render a decision prior to the next examination.

The appeals process is available to individuals seeking an amendment of the decision that found them ineligible to sit for the CCM examination. At the time applicants are informed of their denial by the Eligibility Compliance Committee, they will also receive information on their right to appeal as well as the procedures, instructions and time schedules for making such appeals.

If the Appeals Committee upholds the decision of the Eligibility Compliance Committee, the applicant may request a second review by the full commission at its next scheduled annual meeting. A written request for such a review must be received by the commission business office no later than thirty (30) days after the date of the letter informing the applicant of the decision by the Appeals Committee.

The decision of the full commission will be deemed final.

SECTION 7: THE CERTIFICATION EXAMINATION

Examination Content

The certification examination is comprised of questions across six (6) knowledge domains underlying case management. Additionally, each of the six domains is further defined into subdomains. The titles of the domains, subdomains, and the number of questions for each is as follows:

<table>
<thead>
<tr>
<th>KNOWLEDGE DOMAINS AND SUBDOMAINS</th>
<th>Mean Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Processes and Relationships</td>
<td></td>
</tr>
<tr>
<td>Interpersonal communication</td>
<td>4.75</td>
</tr>
<tr>
<td>Interpersonal relationship</td>
<td>4.63</td>
</tr>
<tr>
<td>Case recording and documentation</td>
<td>4.58</td>
</tr>
<tr>
<td>Clinical problem-solving and critical-thinking skills</td>
<td>4.56</td>
</tr>
<tr>
<td>Case management process and tools</td>
<td>4.47</td>
</tr>
<tr>
<td>Basic interviewing skills</td>
<td>4.34</td>
</tr>
<tr>
<td>Negotiation and conflict resolution strategies</td>
<td>4.25</td>
</tr>
<tr>
<td>(40 Questions)</td>
<td>4.51</td>
</tr>
</tbody>
</table>

2. Healthcare Management          | (35 Questions)          |
<p>| Medical case management          | 4.70                   |
| Medical aspects of acute and chronic illness and disability | 4.54 |
| Goals and objectives of case management | 4.60 |
| Health care ethics               | 4.39                   |
| Assessment of physical functioning | 4.34               |
| Legal aspects of case management | 4.27                   |
| Medical and allied health professions | 4.14            |
| Clinical pharmacology            | 3.69                   |</p>
<table>
<thead>
<tr>
<th>KNOWLEDGE DOMAINS AND SUBDOMAINS</th>
<th>Mean Importance Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3. Community Resources and Support</strong></td>
<td><strong>(25 Questions)</strong></td>
</tr>
<tr>
<td>Levels of care (e.g., hospital, extended care facility, subacute facility, home)</td>
<td>4.25</td>
</tr>
<tr>
<td>Community resources and support programs</td>
<td>4.19</td>
</tr>
<tr>
<td>Rehabilitation service delivery systems</td>
<td>4.04</td>
</tr>
<tr>
<td>Public benefit programs (e.g., SSI, SSDI, Medicare, Medicaid)</td>
<td>3.80</td>
</tr>
<tr>
<td>Assistive technology</td>
<td>3.60</td>
</tr>
<tr>
<td><strong>4. Service Delivery</strong></td>
<td><strong>(65 Questions)</strong></td>
</tr>
<tr>
<td>Managed care concepts</td>
<td>4.18</td>
</tr>
<tr>
<td>Cost-containment procedures and strategies</td>
<td>4.14</td>
</tr>
<tr>
<td>Health care benefits</td>
<td>4.08</td>
</tr>
<tr>
<td>Critical pathways, standards of care, practice guidelines</td>
<td>3.94</td>
</tr>
<tr>
<td>Health care delivery system</td>
<td>3.84</td>
</tr>
<tr>
<td>Health care and disability-related legislation</td>
<td>3.84</td>
</tr>
<tr>
<td>Cost-benefit analysis</td>
<td>3.76</td>
</tr>
<tr>
<td>Wellness and illness prevention concepts and strategies</td>
<td>3.71</td>
</tr>
<tr>
<td>Case management models</td>
<td>3.58</td>
</tr>
<tr>
<td>Utilization management</td>
<td>3.58</td>
</tr>
<tr>
<td>Program evaluation and research (e.g., outcome, satisfaction)</td>
<td>3.51</td>
</tr>
<tr>
<td>Risk management and insurance principles</td>
<td>3.49</td>
</tr>
<tr>
<td>Integrated benefit systems</td>
<td>3.45</td>
</tr>
<tr>
<td><strong>5. Psychosocial Intervention</strong></td>
<td><strong>(35 Questions)</strong></td>
</tr>
<tr>
<td>Family dynamics</td>
<td>4.02</td>
</tr>
<tr>
<td>Multicultural issues and health behavior</td>
<td>3.85</td>
</tr>
<tr>
<td>Psychological and neuropsychological assessment</td>
<td>3.56</td>
</tr>
<tr>
<td>Mental health and psychiatric disability concepts</td>
<td>3.53</td>
</tr>
<tr>
<td>Substance use/abuse/addiction</td>
<td>3.41</td>
</tr>
<tr>
<td>Managed behavioral health care</td>
<td>3.19</td>
</tr>
<tr>
<td>Psychosocial aspects of chronic illness and disability</td>
<td>4.39</td>
</tr>
<tr>
<td><strong>6. Rehabilitation Case Management</strong></td>
<td><strong>(50 Questions)</strong></td>
</tr>
<tr>
<td>Disability compensation systems (e.g., workers’ compensation, auto insurance, LTD, STD, accident and health)</td>
<td>3.76</td>
</tr>
<tr>
<td>Job analysis, job modification, and job accommodation</td>
<td>3.45</td>
</tr>
<tr>
<td>Work adjustment and work transition</td>
<td>3.39</td>
</tr>
<tr>
<td>Vocational aspects of chronic illness and disability</td>
<td>3.39</td>
</tr>
<tr>
<td>Work-hardening resources and strategies</td>
<td>3.37</td>
</tr>
<tr>
<td>Ergonomics</td>
<td>3.32</td>
</tr>
<tr>
<td>Vocational assessment</td>
<td>3.13</td>
</tr>
<tr>
<td>Job development and placement</td>
<td>2.90</td>
</tr>
<tr>
<td>Barrier-free architectural design</td>
<td>2.89</td>
</tr>
<tr>
<td>Life care planning</td>
<td>2.83</td>
</tr>
</tbody>
</table>
**Examination Structure**

The exam is constructed to ensure that it is consistent with minimal competency requirements and criteria-referenced testing concepts. Standards for item selection include: item difficulty (between .39 and .95 with a median in the .60-.70 range); a positive point biserial; and appropriate content distribution. Using an intensive written field-testing process, CCMC has developed a pool of questions that contains a comprehensive selection of statistically validated examination items. A task force of case management professionals is charged with continually adding to and upgrading this “item pool.”

The certification exam consists of 300 multiple-choice questions drawn from the commission’s item pool. All candidates seeking certification must take this exam, which is based on a body of knowledge encompassing the laws, public regulations and existing delivery systems for case management services in the U.S. It is administered in two sections: 150 questions in the morning (Section I); and 150 questions in the afternoon (Section II). Each examination also includes 50 field test questions that will not be used in the scoring of the examination. Of the 250 scoreable items used for each examination, approximately 20% are included in every administration of the examination as “anchor items.” The examination is comprised of 6 major domains and 50 subdomains. Each domain is represented by a specific number of questions. A subdomain with a mean importance rating of “3” or more will be assessed by the inclusion of at least two questions, while each of the subdomains shown will be assessed by at least one question. Each question/response is referenced to the literature of case management and credit is given for each “correct” response based on that literature. Sample questions are included in this guide.

**Examination Sites**

Fully accessible, smoke-free test sites are arranged for each examination.

All candidates will be sent a list of the established sites along with their acknowledgment package. **This does not constitute eligibility.** Detailed information about the chosen site will be mailed to the candidate 3 to 4 weeks prior to the scheduled examination date.

**Deferrals**

Candidates who are deemed eligible, but are unable to sit for a scheduled examination for any reason are permitted only one deferral to the next scheduled testing date. A deferral fee will be charged to cover the commission’s processing costs.

Candidates who are unable to sit for the second scheduled examination will be required to submit a new application, together with another, **non-refundable** application processing fee. Furthermore, such re-applications will be subject to all CCM criteria in effect at that time. Candidates who pay their examination fee, but are unable to sit for the examination on the scheduled date and are subsequently eligible to defer taking the examination may apply the examination fee to future testing. Refunds will not be issued, however, as all fees are non-refundable.

**Candidates Who Do Not Achieve A Passing Score**

Candidates who do not achieve a passing score on the certification examination will be allowed to re-take it once within the 12 months following the **ORIGINAL** test date. (The first date for which a candidate receives a notification that he/she has been accepted to sit for the examination is considered the original test date.) However, candidates must notify CCMC of their intention to take the test again and must also remit a second examination fee.
Candidates who do not achieve a passing score on their second attempt or who are unable to sit again during the applicable 12-month period must submit a new application, together with a second, NON-REFUNDABLE processing fee, to continue their pursuit of the CCM designation. Such re-applications will be subject to all commission criteria in effect at that time.

**Exam Preparation Materials**

*As a credentialing agency, CCMC does not produce, endorse, or recommend any preparatory course.*

**BUYER BEWARE:** In purchasing any preparatory course, keep in mind that the developer of the course has only had access to the same published material that all applicants receive.

CCMC does not provide any information, other than the published documents already mentioned, to any organization or individual. The developer of the course has taken this public information and prepared a course of study based on his/her beliefs about how the content may appear on the certification exam.

Preparatory courses may not accurately predict the material that is on the examination since the course was developed from one individual's unique perspective. No developer of preparatory materials can know for certain what will appear on the examination; no developer can guarantee that you will achieve a passing score on the examination. Be wary of anyone making such claims.

It is suggested that individuals who are preparing for the certification examination make use of the materials already provided to them in this guide. Review the content areas of the examination, as published in this guide, and concentrate on those areas in which you feel you have had less experience.

**Examination Content**

The content of the CCM examination is based on an ongoing, nationwide validation research project. The research has identified six major domains of essential knowledge. These domains are considered core knowledge areas that are used by case managers across the activities and functions typically associated with case management (i.e., assessment, planning, implementation, coordination, monitoring, and evaluation).

The content of the examination remains constant for each administration of the examination. The questions will vary from administration to administration, in order to protect the integrity of the examination process.

The knowledge domains are described below. Following each definition are specific areas for preparation.

1. **Processes and Relationships**
   
   This domain emphasizes knowledge of communication skills and interpersonal relationship skills. This domain requires knowledge of methods of communication necessary to facilitate outcomes which are in the client’s best interest.
   
   - case recording and documentation
   - clinical problem solving
   - critical thinking skills
   - case management process and tools
   - interviewing skills
   - negotiation skills
   - conflict resolution strategies

2. **Health Care Management**
   
   This domain focuses upon knowledge required to function effectively as a medical case manager. Issues within this domain address current health care trends and clinical practice.
   
   - medical case management
   - medical aspects of acute and chronic illness and disability
   - goals and objectives of case management
   - health care ethics
   - assessment of physical functioning
   - legal aspects of case management
   - medical and allied health professions
   - clinical pharmacology
3. Community Resources and Support
This domain relates to the practitioner's knowledge of the laws affecting individuals with disabilities as well as knowledge of community resources available to meet the needs of clients being served by case management.

- levels of care
- community resources and support programs
- rehabilitation service delivery systems
- public benefit programs (SSI, SSDI, Medicare, Medicaid)
- assistive technology

4. Service Delivery
This domain reflects the knowledge necessary for a case manager to define parameters of available services, to evaluate services and to define strategies for maximum client benefit.

- managed care concepts
- cost containment procedures & strategies
- health care benefits
- critical pathways, standards of care
- practice guidelines
- health care delivery systems
- health care & disability related legislation
- cost benefit analyses
- wellness and illness prevention concepts and strategies
- case management models
- utilization management
- program evaluation and research (e.g. outcome, satisfaction)
- risk management and insurance principles
- integrated benefits systems

5. Psychosocial Intervention
This domain relates to knowledge of interrelationships among medical, psychological, social and behavioral components of illness or injury and the impact of these interrelationships upon health.

- family dynamics
- multicultural issues and health behavior
- psychosocial aspects of chronic illness and disability
- psychological and neuropsychological assessment
- mental health and psychiatric disability concepts
- substance use/abuse/addiction
- managed behavioral health care

6. Rehabilitation Case Management
This domain relates to knowledge required by the practitioner for services in vocational venues and for long-term planning. Emphasis is placed upon strategies promoting return to productive activity in a healthy and accessible environment.

- disability compensation systems (e.g. workers' compensation, auto insurance, STD, accident and health)
- job analysis, job modification and job accommodation
- work-hardening resources and strategies
- work adjustment and work transition
- vocational aspects of chronic illness and disability
- ergonomics
- vocational assessment
- job development and placement
- barrier-free architectural design
- life care planning
Sample Examination Questions

All examination responses are recorded on computer-scored answer sheets. There is no penalty for guessing, so all questions should be answered. The following questions are similar to those that will appear on the examination.

1. Due to nutritional deficiencies, the chronic alcoholic may develop peripheral neuropathy. This disorder is best described as:
   a. a progressive deterioration of sensory and motor functions of the lower extremities which can be reversed if treated early.
   b. a disease of the spinal nerves that causes immediate and permanent damage and results in paralysis.
   c. affecting only the most severe, long-term alcoholics who have extensive liver damage.
   d. a rapidly progressive loss of sensation and function of the facial and neck muscles.

2. The right to informed consent is recognized as one of the most basic human rights in modern therapeutic practice and research. Before releasing information about a client with disabilities to an interested party, the case manager should first obtain the client’s permission. In order for the client with disabilities to give consent, three elements must be satisfied: 1) voluntariness; 2) sufficient information about what is being consented to; and 3):
   a. control of the situation.
   b. legal representation.
   c. consistency of reporting.
   d. capacity for choice.

3. The mental cognitive strengths and weaknesses of a head-injured rehabilitation client would usually be assessed by:
   a. psychiatric tests.
   b. neuropsychological tests.
   c. neurological tests.
   d. intelligence tests.

4. A worker with a reported back injury is referred by his physician for non-invasive diagnostic testing. Which of the following procedures will most likely be performed?
   a. Angiogram.
   b. Myelogram.
   c. Ultrasound.
   d. Computerized Axial Tomography.

5. A functional capacity evaluation primarily:
   a. assesses pain behavior.
   b. documents consistency of effort.
   c. determines return to work capabilities.
   d. documents disability determination.

6. The effectiveness of case management services is evaluated most completely:
   a. after the extent of the benefits coverage is determined.
   b. after the case is closed.
   c. by measuring the costs incurred by the insurer.
   d. by input from the client.
7. For a multi-disciplinary team in discharge planning, documentation is the most effective and efficient way of:
   a. communicating to the patient.
   b. ensuring that consistent information is given.
   c. ensuring that members of all disciplines know what is happening.
   d. communicating evaluation results.

8. The payment method in which the number of services provided does not affect the amount of income a provider receives is:
   a. risk band.
   b. threshold protection.
   c. capitation.
   d. fee-for-service.

9. The most intensive needs of the family of a traumatically brain injured (TBI) person include:
   a. realistic, clear and regular information regarding the patient.
   b. regular, consistent provisions for respite care.
   c. authoritarian direction from professional care providers.
   d. financial counseling to assist in determining choices in treatment.

10. The process of case management in the area of insurance rehabilitation is typically initiated and ultimately controlled by the:
    a. insurer.
    b. rehabilitation specialist.
    c. plaintiff’s attorney.
    d. treating physician.

*Answers: 1. a; 2. d; 3. b; 4. d; 5. c; 6. b; 7. c; 8. c; 9. a; 10. a*
**Reading List**

Here are some reference materials that may be of help to you as a candidate. Please be aware that this reading list does not completely delineate the parameters of the examination. It is merely a suggested means for reviewing your personal education and practical experience in the field. **Again, the commission does not endorse or recommend any specific study guide or course as preparation for the CCM examination.**


Also recommended are past articles as they relate to case management in: The Case Manager: CareManagement (formerly the Journal of CareManagement); Case Management Advisor; and Rehabilitation Nursing. You may also wish to review legislation, including the Americans with Disabilities Act and the Rehabilitation Act of 1973.
SECTION 8: EXAMINATION SCORES, PROFILES, CERTIFICATES AND INQUIRIES

Examination Score
To achieve certification, a candidate must pass the examination with a minimum T-score of 42. The T-score was established by a Standard Setting Workshop in which eight judges in the field of case management participated. The Angoff method (modified to include features of the Ebel method) was selected as the most practical approach available.

The workshop produced an equating process to ensure that any given administration of the examination would reflect the same level of difficulty as previous or future administrations (i.e., a passing score on any particular exam would “equate” to a passing score in the other exam administrations).

Although, every examination is individually constructed by drawing items from an item bank, each exam also contains specific anchor items, selected on the basis of their content and statistical reliability. These anchor items appear on every examination and are an integral part of the equating process that is used to determine the raw score needed to identify the candidate’s T-score.

CCMC states its disapproval of the use of test results for any purpose other than the use for which the examination is developed and conducted. This warning includes using the test results for internship or employment selection. In addition, test results are not to be used to compare educational programs. Certification tests are mastery tests and are not to be used as achievement or selection instruments.

Examination Profiles
A minimum of eight weeks following the certification examination, all candidates will receive notification of their scores along with a computer profile showing their performance in each content area and on the examination as a whole. The profile identifies the minimum passing score and the candidate’s score. This profile is confidential and will ONLY be released to the candidate IN WRITING BY FIRST CLASS MAIL. Examination results cannot be sent electronically, faxed or released over the phone.

Individual score reports are released to the candidate and are not released to any institution or employer.

Certificates
A certificate will be sent along with the profile to each candidate who passed the examination. While this certificate is the official proof of certification, candidates are entitled to begin using the designation “CCM” after their names as soon as they receive the examination profile that reports the achievement of a passing score. Duplicate or replacement certificates can be requested from the commission business office. There is a fee for this service and all certificates remain the property of the commission.

Candidates who do not receive their original certificate within twelve weeks of the certification examination should contact the commission immediately. The commission will not be responsible for issuing replacement certificates that have not been requested within three months from the time the original should have been received. Candidates will be assessed a duplicate certificate fee for requests made after this time.

Examination Inquiries
Candidates who feel an error or omission occurred during the examination process or those who question any aspect of the examination procedure may address an inquiry to the CCMC Examination and Research Committee. If the candidate disagrees with the committee’s findings, a further appeal may be made to the Appeals Committee. Failure by a candidate to achieve a passing score on the certification examination cannot be appealed.
Use of the “CCM” Designation

Use of the CCM designation is strictly limited to those individuals who:

1. Have met all the criteria of the commission and have qualified for certification by sitting for the examination during the grandfathering period (May 1993 and November 1993) or by achieving a passing score in subsequent administrations of the examination.

2. Have been officially notified of their certified status by the commission through the receipt of an examination profile. Following the first two administrations of the examination, this profile must indicate a passing score.

3. Have subsequently renewed their certification as required under the commission’s certification renewal plan.

Individuals who use the CCM designation or who otherwise represent themselves as being certified without first having fulfilled these requirements may be denied the right of certification. Such individuals may also be subject to legal action.

SECTION 9: CERTIFICATION RENEWAL

The initial certification is valid for five years. A “valid through” date will be printed on each certificate issued by the commission.

Specifics of the renewal plan are given in the Certification Renewal Guide that is sent to successful CCM candidates with their profiles and certificates.

All designation holders must complete 80 clock hours of acceptable continuing education over a five-year period in order to renew their certification without a re-examination.

Regardless of the method chosen for certification renewal, certified individuals must also verify that they continue to maintain in good standing the license or certification which qualified them for eligibility as a CCM at the time of their initial certification.

Those individuals who do not renew their certifications are officially notified that they may no longer use the “CCM” designation nor represent themselves to the profession or the public as being certified and may not exercise the rights and privileges ascribed to a designation holder. A letter to the individual’s last known address shall constitute sufficient notification.

A certification renewal application will be mailed to the individual’s last known address three months prior to the expiration date of the current certification.

Annual mailings will also be sent from the commission to all CCMs to update them on renewal requirements, changes in procedures, and other items of interest.

The commission urges all certification holders to keep the business office advised of any changes in their name or address to ensure prompt receipt of such mailings. The commission will make every reasonable effort to send the certification renewal application to the designation holders. However, it is the individual’s responsibility to re-certify at the appropriate time. Failure to receive an application is not considered grounds for an extension.
SECTION 10: FEES
PLEASE MAKE ALL CHECKS PAYABLE TO “CCMC”
All fees are subject to change and are non-refundable.

Initial Certification
Application Processing Fee
(Must be submitted with certification application)* $130

*The commission is a not-for-profit organization funded by fees paid by applicants for certification and designation holders who renew their certifications. The commission will not review an application until the fee is received, nor may a candidate sit for the CCM examination until that fee has been paid.

Examination Fee
(Due when applicant is approved to sit for the examination) $160

Total Certification Fee $290

Related Fees
Handling Fee for returned checks (NSF, closed account) $35
Deferral Fee $60
(Must be paid by anyone who is scheduled to sit for an examination and either defers the test or does not show up for the examination.)
Late Documentation Fee $30
(Must be paid by applicants whose documentation is late; this option is only available once. Subsequent failures to respond to deadlines will result in the closing of the applicant’s file.)
Duplicate/Replacement Certificate Fee $25
Certification Renewal Fee $150
(A Certification Renewal Guide is provided to successful CCM candidates together with their examination profiles.)
Certification Verification Fee (Please send check with request) $15

Receipts for payment will be given if requested in writing.

REMEMBER, ALL FEES ARE NON-REFUNDABLE. Individuals who apply for certification and are found not eligible will not receive a refund. A handling fee of $35 will be assessed for any check returned for non-sufficient funds.
BEFORE YOU MAIL YOUR APPLICATION:

Is your application legible and complete? If not, it will be returned.

Have you satisfied all of the licensure or certification requirements and “acceptable employment” criteria for eligibility in your category? They must be completely satisfied by the application deadline or your application will be automatically denied.

Have you signed and dated the application form?

Have you enclosed your non-refundable application processing fee?

CERTIFICATION RECORD:

Customer Number: ___________________________________________________
(The commission will provide you with this ID number upon receipt of your application.)

Examination Date: ___________________________________________________

WHEN SUBMITTING APPLICATION DOCUMENTATION TO THE COMMISSION (FOLLOWING NOTIFICATION OF THE RECEIPT OF YOUR APPLICATION), BE SURE YOUR NAME AND CCM ID NUMBER HAVE BEEN INCLUDED ON EACH ITEM.

Commission for Case Manager Certification
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Rolling Meadows, Illinois 60008
(847) 818-0292
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