



Candidate ID #

(FOR OFFICE USE ONLY)

CDMS® Exam Application: Self-Employed Applicant Forms

Form A: Self – Description of Activities as an Individual Contractor applying for CDMS

All self-employed CDMS examination applications must complete this form. This form must be completed by you and returned to The Commission's office by scan and e-mail to: contact@yourcommission.org

Your company name: _____ Length of time in business: _____

List three companies or firms who purchase your services. Include dates of service and billable hours per month:

Company Name	Dates of Service	Billable Hours / Month

At the time of the application, I am currently employed in the field of absence and Disability Management?

YES NO

Within the past 36 months, I have worked a minimum of 2080 hours of documented work experience that aligns with at least 2 of the 4 domains/practice areas?

YES NO

My experience focuses on the provision of direct administrative, preventative or case management services to individuals experiencing short or long-term health events. This includes working with individuals who have been impacted by their ability to maintain their economic standard of living and/or are receiving wage replacement benefits from a private, local, or state or federal disability wage replacement system.

YES NO

Please attach a marketing brochure, prospectus, or contract describing the types of services you provide, along with the job description for field of absence and Disability Management used in your practice.

I hereby attest that I have provided field of absence and Disability Management services to the companies listed on this form, and that my job description is an accurate representation of these services. As requested, I have attached the information I use in marketing my services.

Signature

Date

Printed Name

Title