

## CERTIFIED GERIATRIC CARE MANAGER (CGCM) APPLICATION CHECKLIST

Please use the following form to assist with your application for the **CGCM** credential. Copies of the following must be included with your application. Please note that these will not be returned to you.

- Fully Completed Application
- Copy of diploma from college or university
- Copy of certificate of completion from a CGCM approved training program
- Curricula Vitae
- Test Fee payable to **ICHCC**

**Applications may be faxed, mailed, or emailed to:**

**ICHCC**  
**13801 Village Mill Drive, Suite 103**  
**Midlothian, VA 23114**  
**Office (804) 378-7273**  
**Fax: (804) 378-7267**  
**[Email: ichcc1@gmail.com](mailto:ichcc1@gmail.com)**

Credit card payments may be processed online at [ichcc.org](http://ichcc.org). If paying online, choose the shopping cart icon in the top right hand corner of the page. Payments outside of the US must be by credit card, money order or cashier's check in United States Dollars, payable to **ICHCC**.



## APPLICATION FOR CERTIFICATION Certified Geriatric Care Manager

### INSTRUCTIONS

Date: \_\_\_\_\_

Print and complete all items that apply to you. Please **DO NOT STAPLE**. Make sure all documents are submitted with your application. Please note that these items will not be returned to you. Please allow a minimum of 6 business days to process your application.

**Please write clearly and legibly**

### APPLICANT INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (if different from above):

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### EDUCATION INFORMATION

Please attach a copy of your educational degree(s) and any other certification or credential you wish to have recognized by the Commission.

College/University

Degree Awarded

Bachelor's \_\_\_\_\_

Master's \_\_\_\_\_

Doctoral \_\_\_\_\_

Nursing \_\_\_\_\_

\_\_\_ Diploma-RN

\_\_\_ Associates-RN

\_\_\_ BSN-RN

\_\_\_ MSN-RN



### ADDITIONAL CERTIFICATIONS

Please use the following space below for additional certifications or credentials awarded. A copy of the credential must be attached.

Designation	Acronym	Expiration Date

### EMPLOYMENT HISTORY

Please list by most recent. Include only the past five years of employment. Attach additional information if necessary.

Current Professional Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Time Employed \_\_\_\_\_

Professional Title \_\_\_\_\_

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Time Employed \_\_\_\_\_



## CONTINUING EDUCATION UNITS AND TRAINING

A minimum of 40 hours is required to satisfy this section of the application. Certificate of Completion must be attached from an ICHCC approved training program.

40-hour CGCM Program Attended: \_\_\_\_\_

Completion Date: \_\_\_\_\_

## TESTING INFORMATION

Review the Examination Testing section of the Candidate Handbook for additional information on options for scheduling your exam. Please allow a minimum of 5 business days to process your application.



Our online administration of the examination is proctored by **Pro✓ Exams**. Once your application is approved, you will be sent an Exam Voucher containing exam instructions as well as contact information for Pro✓ Exams. The Exam Voucher will be sent from the email address, “no reply at Prov Exams.”

## EXAM FEES

- **Certified Geriatric Care Manager Examination** Fee: \$495

Payments by check or money order should be made payable to ICHCC. Credit card payments may be processed online at [ichcc.org](http://ichcc.org). Payments outside of the US must be by credit card, money order, or cashier's check in United States Dollars, payable to **ICHCC**.

### To Pay Online:

- 1) Go to the ICHCC.org website; 2) Choose the shopping cart icon in the top righthand corner of the page; 3) Choose CGCM Products; 4) choose the “CGCM Application” fee and add it to your cart; 5) Scroll up the page and choose “Checkout.”



**DISCLAIMER AND SIGNATURE**

I HEREBY CERTIFY that the facts set forth in this application for the **Certified Geriatric Care Manager** credential are true and complete to the best of my knowledge. I understand that if I am certified, false statements on this application shall be considered sufficient cause for dismissal and revocation of my credential. I authorize the **International Commission on Health Care Certification** to provide validation to any organization on my certification status upon request.

I have read and fully understand the contents of this handbook and will abide by the standards and guidelines set forth by the Commission.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed

**Below, please print name and credentials exactly as they should appear on your certificate:**

\_\_\_\_\_  
Certificate Name and Credentials

**OPTIONAL:**

The following is not required and is used for statistical analysis only.

Number of years since  
acquired degree:

- 3-5    6-10    11-15    15-19    20-25    26+

Number of years  
employed in the  
Healthcare Field:

- 3-5    6-10    11-15    15-19    20-25    26+

Age

- under 25    26-30    31-35    36-40    41-45  
 46-50    51-55    56-60    61+

Gender

- Female    Male

Ethnicity

- African American    Asian    Hispanic  
 Native American    White    Other