



INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

**ICHCC Application Form for the
Certified Disability Evaluator Credential**

Name: _____, First _____ MI _____

Business Address: _____

City State & Zip _____, _____

Business Telephone: (____) _____ Business Fax: (____) _____

E-mail Address: _____

Mailing Address (if different from above):

City: _____, State: _____, Zip: _____

1. Education

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

Education Degree (Letter Designation:

Masters _____

- Doctoral: M.D.
 D.O.
 D.C.
 Ph.D.

Education Institution:

Masters _____

Doctoral _____

Please list all current certifications with accompanying Board Titles: _____

Are you applying for Category I, II, or III? Please see the description of Categories, pages 5– 6 of the ICHCC Practice Standards and Guidelines manual available for download on our web site at www.ichcc.org.

2. **Training/CEUs/CMEs:** Please include a list of continuing medical/educational units CEUs/CMEs that you have accumulated over the past 5 years that could be applied towards skill development/enhancement in the area of functional capacity evaluation, impairment rating, independent medical examinations, or post-offer screenings. A minimum of 48 hours is required to satisfy this section of the application. These hours may include workshops specific to legal issue as well, such as the American with Disabilities Act, Daubert Rules of Evidence, Federal Rules of Evidence, expert witness training, etc. Additionally, please include any program agendas and attendance verification forms you may have for each course/training/workshop you attended.

a) Program Title: _____

Date Attended: _____

Number of Units Awarded: _____

Awarding Board Name _____

b) Program Title: _____

Date Attended: _____

Number of Units Awarded: _____

Awarding Board Name _____

c) Program Title: _____

Date Attended: _____

Number of Units Awarded: _____

Awarding Board Name _____

- d) Program Title: _____
Date Attended: _____
Number of Units Awarded: _____
Awarding Board Name _____

- e) Program Title: _____
Date Attended: _____
Number of Units Awarded: _____
Awarding Board Name _____

- f) Program Title: _____
Date Attended: _____
Number of Units Awarded: _____
Awarding Board Name _____

- g) Program Title: _____
Date Attended: _____
Number of Units Awarded: _____
Awarding Board Name _____

- h) Program Title: _____
Date Attended: _____
Number of Units Awarded: _____
Awarding Board Name _____

(Use Back if Necessary)

TEST ADMINISTRATION:

The CDE examination is administered on a proctor-honor system. The advantages of this system over a “group-administration” format is that you may choose the time and place of the test, and you may take it at your leisure without incurring any of the travel and accommodation costs associated with the group administration format. We ask that your proctor be an employee of a community college, college, university, a public library, or a Sylvian Learning Center in your local area.

**THE PROCTOR YOU CHOOSE MUST BE FROM A
COMMUNITY COLLEGE, COLLEGE, UNIVERSITY,
OR PUBLIC LIBRARY**

Name: _____

Professional Title: _____

Location and Address: _____

Proctor's Phone Number: _____

Proctor's E-mail: _____

**Scheduled Exam Date: _____

**** If the exam date is changed, the ICHCC office must be notified of the change and the reason for the change prior to the initial exam date.**

Testing Fees:

Please attach a check or money order made payable to the ICHCC. The testing fee is \$445 – US Funds, and it should be forwarded to:

The International Commission on Health Care Certification (ICHCC)
13801 Village Mill Drive
Suite 103
Midlothian, VA 23113
Phone Number: (804) 378-7273
Fax: (804) 378-7267

**PLEASE PRINT NAME AND CREDENTIALS EXACTLY ON THE LINE BELOW AS
THEY SHOULD APPEAR ON YOUR CERTIFICATE**

Please enclose your curriculum vitae with your returned application and testing fee. Your vitae will be placed in our files for future reference and documentation of your certification status, specialty area and background should we receive inquiries for such information, which happens frequently in litigation cases.

Please allow 10 days for processing your application. Notification of your test score is provided immediately following your submission of the answer to the last question, and is provided to you on your computer screen.