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
- ☐ Curricula Vitae
- ☐ Test Fee of $445 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

Credit card payments may be processed online at 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**.

INTERNATIONAL COMMISSION ON HEALTH CARE CERTIFICATION

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

INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

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 120 hours is required to satisfy this section of the application. Certificate of Completion must be attached for each documented training program/course.

120-hour CGCM Program Attended: ____

Completion Date: ______________________

OR

Bachelors', Masters', M.D., or Ph.D. degree in Gerontology obtained through:

____

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 6 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."

Requested Exam Date ___________________________

EXAM FEES

- **Certified Geriatric Care Manager Examination** Fee: $445

Payments by check or money order should be made payable to ICHCC. Credit card payments may be processed online at 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

INTERNATIONAL COMMISSION
ON HEALTH CARE CERTIFICATION

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