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## **Relation to Domain Focus Areas**

The program/activity must apply to one of the following domain focus areas. A full listing of the areas related to each domain focus area can be found on pages four through six. Please check the domain focus area that applies to the program/activity for which you are seeking approval. **Please check all that apply.**

- Ethical Standards or Decision Making Models for Disability Management Specialists (06)
  - Disability Case Management (01)
  - Psychosocial Intervention (02)
  - Vocational Aspects of Disability (03)
  - Managed Care and Disability Management Concepts (04)
  - Business Knowledge Related to Disability Management (05)
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## **Payment Information** (Please check all that apply.)

- IARP Chapter Applications: IARP Headquarters will pay the \$50.00 fee if the application is received six weeks prior to the program/activity.
- Late fee. If application is submitted to IARP Headquarters within 6 weeks of the scheduled program/activity a \$50 late fee will be applied to the IARP Chapter. Please indicate below how the Chapter will be paying the late fee.
- CHECK: Checks must be made payable to CDMSC and returned with a completed application and required documentation. A service fee of \$35.00 will be assessed for all checks returned for insufficient funds or for charges made to closed accounts. CDMSC's tax identification number is 36-3733179.

- Charge U.S. \$ \_\_\_\_\_ to my  VISA  MasterCard

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

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## **Statement of Understanding**

In hereby certify that I have read, understand, and agree to abide by the requirements as stated within the Continuing Education Pre-Approval Manual. Furthermore, I certify that I have completed the application and attached the required documentation. I understand that no program/activity will be reviewed unless accompanied by the required documentation, to include the appropriate non-refundable processing fee.

I understand that CDMSC reserves the right to monitor programs/activities for which it has granted continuing education approval and to withdraw such approval from any program/activity that is offered or presented in any manner that is inconsistent with the approval requirements. I also understand that any approval granted for this program/activity is valid for only one calendar year (January 1 through December 31). If the program/activity is changed in any way during that year, I agree to seek approval from CDMSC.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title