

## 2024 Renewal Application - Maintaining Certification

Please indicate your certification: CRTWC CDMP Member ID \_\_\_\_\_

Salutation: \_\_\_\_\_ Name: \_\_\_\_\_

Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Preferred Mailing Address: \_\_\_\_\_  
(this is where your official letter of renewal and annual sticker will be mailed)

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### CEC Submission:

Not applicable (applies only if you submitted 40 CEC with your 2023 renewal application)

20 CEC Hours 40 CEC Hours

### Your certification renewal submission must include the following:

#### Renewal Application - Maintaining Certification

A completed and signed form.

#### Work Experience

Letter(s) of Attestation on employer's letterhead, completed and signed by manager / supervisor providing proof of ongoing work experience in the field of disability management.

#### Continuing Education Credit Hours

Proof of 20 continuing education credit (CEC) hours must be submitted every year, or proof of 40 CEC hours may be submitted every second year and must include credits related directly to disability management. Original transcripts, certificates or other signed documentation must be included. The following forms may be used:

- Continuing Education Summary with applicable attachments.
- Confirmation of Attendance form completed and signed.
- Research Report form completed and signed.

#### Statement of Agreement for Ethical Standards and Professional Conduct

Complete and signed form.

#### Annual membership fee

\$250.00

**PLEASE NOTE:** Failure to maintain certification status will result in automatic cancellation of your membership and designation, requiring the candidate to repeat the entire certification process by applying to re-certify, which includes re-writing the examination and paying the certification examination fee

### Statement of Understanding

I \_\_\_\_\_ hereby guarantee that the information submitted to maintain certification accurately documents my education and employment experience.

Signature: \_\_\_\_\_ Date (DD-MMM-YYYY) \_\_\_\_\_



Founded and supported by the Disabled Workers Foundation of Canada

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