

Certification Examination Application

Salutation: _____ Name: _____
(As you would like your name to appear)

Title: _____

Employers: _____

Business Mailing Address: _____

City: _____ County: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

Home Address (If different from above): _____

City: _____ County: _____ Postal Code: _____

Alt. Tel (Home/Work/Cell): _____ Alt. Email: _____

Please indicate which examination you wish to write: CDMP

Please indicate date of examination: _____

Please indicate location of examination: **Basingstoke**

Please make cheque payable to: **IDMSC UK & Ireland**

Statement of Understanding

I hereby guarantee that the information submitted for this certification application accurately documents my education and employment experience.

Signature: _____ Date: _____

dd/mm/yyyy

Submit this completed application and other required documentation (see Checklist) to:

Certification Council, c/o IDMSC UK & Ireland, No.11 Basepoint Business Centre, Caxton Close,
Andover, Hampshire, SP10 3FG

Certification Examination Application Checklist

Did you remember to include everything?

Before submitting your application, please ensure the following requirements have been fulfilled, as only fully completed applications will be submitted to the Certification Council.

1. Certification Examination Application

- Please ensure the Application form has been completed fully and the Statement of Understanding has been read and signed, and form dated.
- Required information:
 - Applicant's name, title and contact information
 - Identify the date of the examination
 - Identify the location where it will be written
 - Indicate the method of payment
 - Application form must be dated and signed by the applicant

2. Education Information

- Completed in full
In order to verify educational backgrounds, applicants must provide witnessed copies of their educational transcripts indicating the granting of degrees and bearing the official seal of the educational institution and the signature of the institution's registrar.

Where necessary, the Certification committee may require sight of the original. In the case of other educational experiences, copies of course certificates with the number of hours, topic areas covered and description of course and course objectives. Topic areas must be those identified in the essential knowledge domain areas.

3. Employment Information

- Provide letter(s) of attestation,
The letter of attestation for employment experience must include all of the following points and is to be submitted on the employer's letterhead.
 - Name of applicant
 - Full postal address of applicant (including post code)
 - Name of employer
 - Address of employer (including postal code, telephone and fax numbers)
 - Name of supervisor (including telephone, fax and email address)
 - Position of supervisor
 - Information regarding the applicant:
 - Dates of applicant's employment in the position
 - Name of position while performing occupational rehabilitation/return to work
 - Roles and responsibilities performed in the position
 - Signed and dated by the applicant

4. Application Fee

- Please remit the application fee of £330.00 (cheque, BACS, or online payment).
- BACS Cheque Enclosed Online Payment

5. Policy and Procedures

- Before submitting your application, please review the important information in the Policies and Procedures
 - CDMP (http://www.nidmar.ca/certification/CDMP_Policies_and_Procedures.pdf)

7. Permission to have your name published in professional registry

Submit documentation to:

Certification Council,
c/o IDMSC UK & Ireland,
No.11 Basepoint Business Centre,
Caxton Close,
Andover,
Hampshire,
SP10 3FG