



**Case Management Society of America**

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Please complete the below request for a re-issuance of your CMSA Continuing Education Certificate. In the table below, mark the CMSA conference(s) for which you are requesting a CE certificate. Complete and return this form with your \$25 payment (for each conference requested). If you require a re-issuance certificate within 14 days of your request, the processing fee is an additional \$25 per certificate and payment must be paid via credit card. CMSA maintains CE records for six years. Please fax completed form to 501.421.2135.

Name Printed: \_\_\_\_\_ Date Requested: \_\_\_\_\_ Phone: \_\_\_\_\_

Issue Certificate Via:  Email: \_\_\_\_\_ OR  Mailing Address: \_\_\_\_\_

**CMSA's Annual Conference & Expo**

Annual	Conference Dates	Location	Annual	Conference Dates	Location
<input type="checkbox"/>	30 <sup>th</sup>	06/28-07/02/2020	<input type="checkbox"/>	26 <sup>th</sup>	06/21-06/23/2016
<input type="checkbox"/>	29 <sup>th</sup>	06/10-06/14/2019	<input type="checkbox"/>	25 <sup>th</sup>	06/23-06/26/2015
<input type="checkbox"/>	28 <sup>th</sup>	06/19-06/23/2018	<input type="checkbox"/>	24 <sup>th</sup>	06/17-06/20/2014
<input type="checkbox"/>	27 <sup>th</sup>	06/26-6/30/2017			

**Additional CMSA Programs – Fill in Blanks**

**CMSA's Public Policy Summit**

Event	Training Date(s)	Location	Annual	Conference Dates	Location
<input type="checkbox"/> AMBASSADOR PROGRAM			<input type="checkbox"/>	4 <sup>th</sup>	10/29-10/30/2013
<input type="checkbox"/> ICM			<input type="checkbox"/>	3 <sup>rd</sup>	04/10/2015
<input type="checkbox"/> CKP			<input type="checkbox"/>	2 <sup>nd</sup>	04/05-04/06/2011
<input type="checkbox"/>			<input type="checkbox"/>		
<input type="checkbox"/>					

METHOD OF PAYMENT:  CHECK (Made payable to CMSA) or CREDIT CARD:  Discover  Visa  MasterCard  Am Ex

Amount Paid: \$\_\_\_\_\_ (\$25.00 x \_\_\_\_\_ CE certificate(s) requested) Rush Certificate Payment: \$\_\_\_\_\_ (\$25.00 x \_\_\_\_\_ CE certificate(s) requested)

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

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