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SECTION 1: The Certification Program

To earn the designation of Certified Case Manager (CCM), persons who seek this credential must be of good moral character, meet acceptable standards of quality in their practice, and must demonstrate that they possess an acceptable minimum level of basic knowledge with regard to the case management process, based on the criteria described in this guide.

The initial certification is valid for five years. It is achieved by satisfying specific licensure/certification and employment requirements and achieving a passing score on the CCM examination. The examination is based on a body of knowledge that encompasses laws, public regulations, and the delivery of case management services as practiced within the United States.

In granting the CCM designation, it is not the intent of CCMC to guarantee that a specific individual is suitable for employment or to impose restrictive staffing requirements on any agency. Rather, the objective is to establish a national certification process that can be used with confidence by any interested party as a measure of an individual's basic knowledge of case management. CCMC does not discriminate on the basis of race, religion, national origin, gender, age, disability, or marital status.

Information submitted as part of the application, certification and certification renewal processes becomes the property of CCMC and will not be released to outside parties unless authorized by the applicant/certificant or unless required by law. Individual pass/fail letters are released to the candidate and are not released to any institution or employer. For research and statistical purposes only, data resulting from the certification process may be used in an anonymous/unidentifiable manner.

CCMC provides a database listing all certificants on its website. This resource is updated periodically for the use of the public. CCMC also receives and responds to requests for information about the certification status of those holding its credential.

The certification can be renewed at five-year intervals if the individual demonstrates ongoing professional development either through documentation of participation in approved programs of continuing education or by retaking the certification examination and achieving a passing score. Applicants for certification renewal must also verify that they continue to hold the license or certification they held at the time of their initial certification as a CCM, and that they remain of good moral character. Certification renewal is considered an essential part of an effective credentialing process and is intended to promote acceptance of the CCM credential by employers, clients, peers, health care professionals, and health care consumers.



Don't forget!! Your email is very important.

All communication will be to the email you give us in the application, so please be sure it is correct!

DEFINITION OF CASE MANAGEMENT

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human services needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.

The acronym CCM is used throughout this guide to refer to the designation Certified Case Manager. CCMC is used to refer to the Commission for Case Manager Certification.

PHILOSOPHY OF CASE MANAGEMENT

Case management is an area of specialty practice within one's health and human services profession. Its underlying premise is that everyone benefits when clients* reach their optimum level of wellness, self-management, and functional capability: the clients being served; their support systems; the healthcare delivery systems; and the various payer sources.

Case management facilitates the achievement of client wellness and autonomy through advocacy, assessment, planning, communication, education, resource management, and service facilitation. Based on the needs and values of the client, and in collaboration with all service providers, the case manager links clients with appropriate providers and resources throughout the continuum of health and human services and care settings, while ensuring that the care provided is safe, effective, client-centered, timely, efficient, and equitable. This approach achieves optimum value and desirable outcomes for all—the clients, their support systems, the providers, and the payers.

Case management services are optimized best if offered in a climate that allows direct communication among the case manager, the client, the payer, the primary care provider, and other service delivery professionals. The case manager is able to enhance these services by maintaining the client's privacy, confidentiality, health, and safety through advocacy and adherence to ethical, legal, accreditation, certification, and regulatory standards or guidelines. Certification determines that the case manager possesses the education, skills, knowledge, and experience required to render appropriate services delivered according to sound principles of practice.

* "Client" refers to the recipient of case management services, and can include (but is not necessarily limited to) consumer, client, or patient.



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SECTION 2: The Application Process: Step by Step

First of all...

You read the Certification Guide to determine if you are eligible to apply

By August 15th

You complete the online application

By August 15th

Your employer submits an employment verification

By August 15th

You fax us your licensure verification information

By September 6th

CCMC notifies you by email if you are approved to take the exam.

If you are not approved, CCMC will send you a partial refund and appeals information.

By September 6th

If you are approved or denied, you will find information on what to do next on your dashboard at www.ccmcertification.org

December 5 – 19th

Examination!

Early February 2010

Check your dashboard at www.ccmcertification.org for your examination results

The Application Process

Completing your application is easier than ever. The entire application can now be done on-line where you will find everything you need to complete your application. And don't forget, we are standing by to help you every step of the way.

The application is located at www.ccmcertification.org

CCMC will independently verify some of the information you provide in our application, such as employment experience. This information is needed for the Eligibility and Compliance Committee to take a consistent, objective approach to evaluating each application on its own merits.

Once your application is submitted and all the verifications are completed, your application will be reviewed by CCMC's Eligibility and Compliance Committee or a subcommittee thereof.

The Eligibility and Compliance Committee has the responsibility to review or cause to be reviewed in a fair and consistent manner every application to determine that applicants satisfy all of CCMC's currently published eligibility criteria.

All applicants will receive approval or denial notification by email. Denied applicants will receive an explanation of the committee's decision along with information on appeals.



SECTION 3: Are You Eligible to Apply?

To be eligible for certification, you must:

- 1 Meet licensure or certification criteria (Section 4)
- 2 Qualify under one of CCMC's employment experience categories (Section 5)
- 3 Be of good moral character (Section 6)

SECTION 4: Licensure/Certification Requirements

To be eligible for certification, you must hold a license or certification which meets two criteria:

- 1st At a minimum, the license or certification must be based on an educational requirement of a post-secondary degree program in a field that promotes the physical, psychosocial, or vocational well-being of the persons being served. A post-secondary degree is defined as any nursing school, college or university diploma obtained after graduating from high school (nursing diploma or associate's, bachelor's, master's or doctorate degree).
- 2nd The license or certification must grant you the ability to legally and independently practice **WITHOUT THE SUPERVISION OF ANOTHER LICENSED PROFESSIONAL.**

Definitions

- **Licensure:**

CCMC considers licensure to be a process by which a government agency within the United States grants permission to an individual to engage in a given occupation, provided that person possesses the minimum degree of competency required to reasonably protect public health, safety, and welfare. To meet CCMC's requirements, an applicant's license must be current and active in the state in which he or she practices, and the holder classified as being in good standing by the state. If an applicant has successfully obtained licensure through the state, CCMC recognizes each state's criteria for licensure as fulfilling the licensure requirement.

- **Certification:**

CCMC considers certification to be a process by which a government or non-government agency within the United States grants recognition to an individual who has met certain predetermined qualifications set by a credentialing body. To meet CCMC's requirements, an applicant's certification must be current and active, and the holder classified as being in good standing by the credentialing body.

The certification awarded upon completion of the educational program **MUST** have been obtained by the applicant having taken an examination in his or her area of specialization.

SECTION 5: Employment Experience

To be eligible for certification, you must qualify under one of these categories:

- Category 1** 12 months of acceptable full-time case management employment experience supervised by a Certified Case Manager (CCM). **Supervision is defined as the systematic and periodic evaluation of the quality of the delivery of the applicant's case management services.**
- OR
- Category 2** 24 months of acceptable full-time case management employment experience. (Supervision by a CCM is not required under this category).
- OR
- Category 3** 12 months of acceptable full-time case management employment experience as a supervisor of individuals who provide **DIRECT** case management services.

All employment experience, past and present, may be considered by CCMC in determining your eligibility for certification. However, internship, preceptor-ship, practicum, and volunteer activities are **NOT** acceptable employment experience. All part-time employment experience will be pro-rated based on a 37 hour full-time work week.



IS MY EMPLOYMENT EXPERIENCE ACCEPTABLE?

For your employment experience to be accepted, it must meet the following **six** conditions:

- 1st You must be licensed or certified to practice independently during your work experience in order for it to be accepted. Any employment experience you had while not licensed or certified, is not acceptable and will not count.
- 2nd Your employment experience must be fully satisfied before the application deadline (see section 2).
- 3rd Your employment experience must be focused primarily on case management practice and occupy at least 50% of the time.
- 4th In your employment, you must perform all 8 Essential Activities with direct client contact.
- 5th The work you do, must be performed within at least five of the six core components of case management.
- 6th Within each of the five of the six core components, you select:
 1. You must perform all 8 Essential Activities.
 2. You must provide services across a continuum of care, beyond a single episode of care, that addresses the ongoing needs of the individual being served.
 3. You must be responsible for interacting with other relevant parties within the client's healthcare system.
 4. You must be primarily responsible for dealing with the client's broad spectrum of needs.

Eight Essential Activities with Direct Client Contact

ASSESSMENT	The process of collecting in-depth information about a client's situation and functioning to identify individual needs in order to develop a comprehensive case management plan that will address those needs. In addition to direct client contact, information should be gathered from other relevant sources (patient/client, professional caregivers, nonprofessional caregivers, employers, health records, educational/military records, etc.).
PLANNING	The process of determining and documenting specific objectives, goals, and actions designed to meet the client's needs as identified through the assessment process. The plan should be action-oriented and time-specific.
IMPLEMENTATION	The process of executing and documenting specific case management activities and/or interventions that will lead to accomplishing the goals set forth in the case management plan.
COORDINATION	The process of organizing, securing, integrating, modifying, and documenting the resources necessary to accomplish the goals set forth in the case management plan.
MONITORING	The ongoing process of gathering sufficient information from all relevant sources and its documentation regarding the case management plan and its activities and/or services to enable the case manager to determine the plan's effectiveness.
EVALUATION	The process, repeated at appropriate intervals, of determining and documenting the case management plan's effectiveness in reaching desired outcomes and goals. This might lead to a modification or change in the case management plan in its entirety or in any of its component parts.
OUTCOMES	The process of measuring the interventions to determine the outcomes of case management involvement (e.g. clinical, financial, variance, quality/quality of life, client satisfaction).
GENERAL	The activities/interventions that are performed across case management practice and process (e.g. maintaining client's privacy, confidentiality and safety, advocacy, adherence to ethical, legal and accreditation/regulatory standards).

The Six Core Components

1. Case Management Concepts
2. Case Management Principles & Strategies
3. Psychosocial & Support Systems
4. Healthcare Management & Delivery
5. Healthcare Reimbursement
6. Vocational Concepts & Strategies

SECTION 6: Moral Character

You will need to answer the following questions:

1. Have you ever held a professional license or certification that was revoked, suspended, voluntarily relinquished, or placed on probation or otherwise been disciplined by a professional licensure or certification body?
2. Have you ever been reprimanded or discharged by an employer or supervisor of dishonesty in connection with your employment or occupation?
3. Have you ever been convicted of a felony?
4. During the last seven years, have you been arrested, accused, or convicted of violating any law or ordinance (excluding minor traffic violations)?
5. Have you ever been convicted of violating any law or ordinance dealing with the use, possession, or sale of drugs or alcohol?
6. Have you ever been convicted of violating any statute or ordinance dealing with sexual assault, abuse, molestation, indecent solicitation, obscenity, or similar acts of moral turpitude?
7. Have you ever received or been offered a grant of immunity in a grand jury proceeding?
8. Have you ever held yourself out to be a Certified Case Manager or used the initials CCM in the execution of any documents?

SECTION 7: Instructions for Completing the Application

Everything you need to complete your application is located at www.ccmcertification.org.

Here are a few things to remember:

All licensure/certification and employment experience requirements must be fully satisfied before the application deadline (see section 2). Any application that does not meet **ALL** of the licensure or certification criteria as well as the acceptable employment experience will be denied **WITH NO REFUND OF THE APPLICATION PROCESSING FEE**. Persons who wish to re-apply would have to submit a new application, pay a second, non-refundable fee, and meet the eligibility criteria in effect at the time of re-application.

CCMC is committed to providing fully accessible, smoke-free testing sites and to helping those candidates who may require exam accommodations due to religious reasons or a functional limitation.

If CCMC subsequently learns that a certification was granted on the basis of false, misleading or inaccurate information, it has the right to suspend or revoke the CCM designation.

THE DEADLINE FOR ACCEPTING APPLICATIONS WILL NOT BE EXTENDED FOR ANY REASON.

SECTION 8: Your Study Guide for the Certification Examination

STUDY GUIDE

Examination Content

The content of the CCM examination is based on an ongoing, nationwide validation research project. The research has identified six major domains of essential knowledge. Additionally, each of the six domains is further defined into sub-domains. These domains are considered core knowledge areas that are used by case managers across the continuum of activities and functions typically associated with case management (i.e., assessment, planning, implementation, coordination, monitoring, and evaluation) and match the six core components discussed in Section 4.

The content of the examination remains constant for each administration of the examination. The questions will vary from administration to administration, in order to protect the integrity of the examination process.

The titles of the domains, sub-domains, and the number of questions for each domain are:

Knowledge Domains and Sub-domains	Mean Importance Rating
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1. Case Management Concepts. *This domain addresses the process associated with case management practice and methods for establishing quality measures and parameters of practice.*

• Accreditation standards and requirements	3.37
• Case management models	2.97
• Case management process and tools	3.52
• Case recording and documentation	3.73
• Goals and objectives of case management	3.70
• Program evaluation and research methods (e.g. outcome, satisfaction)	2.79
• Quality and performance improvement concepts	2.85

2. Case Management Principles and Strategies. *This domain considers professional practice behaviors and the impact of external influences upon those behaviors.*

• Confidentiality	3.93
• Conflict resolution strategies	3.48
• Negotiation	3.27
• Ethics (including issues relating to advocacy, experimental treatments and protocols, end of life, refusal of treatment/services, benefit limits, professional conduct)	3.75
• Healthcare and disability related legislation (e.g. ADA, HIPAA)	3.16
• Interpersonal communication (e.g. group dynamics, relationship building, interviewing)	3.71
• Legal and regulatory requirements	3.69
• Risk management	3.26
• Standards of practice	3.66

3. Psychosocial and Support Systems. *This domain discusses specific interventions, family and cultural issues and resources that must be integrated into case management practice.*

• Behavioral health and psychiatric disability concepts	2.96
• Psychological and neuropsychological assessment	3.13
• Management of clients with substance use/abuse/addiction	2.75
• Wellness and illness prevention concepts and strategies	3.21
• Community resources (e.g. elder services, fraternal/religious organizations, governmental resources, Meals on Wheels)	3.05
• Support programs (e.g. support groups or resources provided by professional organizations such as the American Heart Association)	2.99

Knowledge Domains and Sub-domains Continued**Mean Importance Rating**

• Family dynamics	3.47
• Multicultural issues as they relate to health behavior	3.28
• Psychosocial aspects of chronic illness and disability	3.50
• Spirituality as it relates to health behavior	2.97
• Management of complementary alternative medicine (CAM) practices	2.45
• Concepts related to working with clients who have been abused (emotionally, psychologically, physically, financially)	2.64
• Crisis intervention strategies	2.76
4. Healthcare Management and Delivery. <i>This domain includes knowledge of various healthcare delivery systems and associated collaboration with other providers. Case management activities across practice settings are emphasized.</i>	
• Management of acute and chronic illness and disability	3.63
• Assessment of physical functioning	3.67
• Assistive technology	3.09
• Continuum of care	3.51
• Critical pathways, standards of care, practice guidelines (including average duration of treatment associated with various disabilities)	3.43
• Healthcare delivery systems	3.35
• Levels of care	3.41
• Management of medication use	3.55
• Rehabilitation service delivery systems	3.32
• Roles and functions of other providers	3.57
• Healthcare providers (including vendors available in the community)	3.60
• Roles and functions of case managers in various settings	3.17
5. Healthcare Reimbursement. <i>This domain addresses case management responsibilities in relation to funding for healthcare services.</i>	
• Managed care concepts	3.18
• Cost containment principles	3.34
• Healthcare insurance principles	3.17
• Managed care reimbursement concepts	3.34
• Prospective payment system	2.77
• Private benefit programs (e.g. pharmacy benefits management, indemnity, employer-sponsored health coverage, individual-purchased insurance, home care benefits)	2.97
• Public benefit programs (e.g. SSI, SSDI, Medicare, Medicaid)	2.89
• Utilization management	3.18
• Cost/benefit analysis	2.87
6. Vocational Concepts and Strategies. <i>This domain includes topic areas related to disability and workplace issues and strategies for work as a life activity.</i>	
• Ergonomics	2.73
• Job analysis, modification and accommodation, and vocational assessment	2.42
• Disability compensation systems (e.g. workers' compensation, auto insurance, short term disability, accident and health)	2.90
• Job development and placement	2.13
• Life care planning	2.03
• Vocational aspects of chronic illness and disability	2.56
• Work adjustment and work transition	2.51
• Workers' compensation principles	2.59
• Work hardening resources and strategies	2.36

Examination Structure

The exam structure is a total of 180 multiple choice questions. 150 are operational items and 30 are pretest items. The exam is administered in one section, with no predefined breaks.

The exam is constructed to ensure that it is consistent with minimal competency requirements and criteria referenced testing concepts. Standards for item selection include: item difficulty (between .39 and .95 with a median in the .60-.70 range); a positive point biserial; and appropriate content distribution. Using an intensive written field-testing process, CCMC has developed a pool of questions that contains a comprehensive selection of statistically validated examination items. A task force of case management professionals is charged with continually adding to and upgrading this "item pool". The certification exam consists of 180 multiple-choice questions drawn from CCMC's item pool. All candidates seeking certification must take this exam, which is based on a body of knowledge encompassing the laws, public regulations and existing delivery systems for case management services in the United States. It is administered in one section. Each examination also includes 30 field test questions that will not be used in the scoring of the examination. Of the 150 scoreable items used for each examination, approximately 20% are included in every administration of the examination as "anchor items." The examination is comprised of 6 major domains and 59 subdomains. Each domain is represented by a specific number of questions. Each question/response is referenced to the literature of case management and credit is given for each "correct" response based on that literature.

Sample questions are included in this guide. You will have the ability to make comments on the items during the exam which will be received by the commission for review.

You will have 3 hours to complete the content item portion of the test with a brief tutorial before the actual examination items, and a brief survey, time permitting, after the examination.

Sample Examination Questions

All examination responses are recorded on computer-scored answer sheets. There is no penalty for guessing, so all questions should be answered. The following questions are similar to those that will appear on the examination.

Domain 1 – Case Management Concepts

1. For a multi-disciplinary team in discharge planning, documentation is the most effective and efficient way of:
 - A. Communicating to the patient.
 - B. Ensuring that consistent information is given.
 - C. Ensuring that members of all disciplines know what is happening.
 - D. Communicating evaluation results.
2. Appropriate documentation found in a medical record includes:
 - A. Admissions of liability.
 - B. Unmeasurable statements.
 - C. Assumptions and conclusions concerning care.
 - D. Objective documentation of family behavior.

Domain 2 – Case Management Principles and Strategies

3. To preserve client confidentiality, the case manager should:
 - A. Supply medical reports only to the employer.
 - B. Avoid unauthorized disclosure of medical information.
 - C. Be selective in disclosing medical information.
 - D. Advise the client of the disclosure.
4. Case managers can increase the chances of successful collaboration with providers of services when they:
 - A. Determine and arrange the discharge plan as early as possible.
 - B. Select the resources for discharge needs.
 - C. Quote benefit coverage for services.
 - D. Discuss and negotiate the discharge plan using mutual input.

Domain 3 – Psychosocial and Support Systems

5. The goal of case management in a cross-cultural environment is to:
- A. Assist the client in accepting the medical system.
 - B. Maintain standard American medical practice.
 - C. Achieve a treatment plan that addresses the client's culture.
 - D. Differentiate culture and medical practice.
6. A strategy for coping with physical disability is to focus on:
- A. Each aspect of the crisis simultaneously.
 - B. Manageable components of the crisis.
 - C. Premorbid personality.
 - D. Depression symptoms.

Domain 4 – Healthcare Management and Delivery

7. The best indication of suitability of the home environment is the:
- A. Degree of client preference to remain in the home environment.
 - B. Number of injuries the client has sustained.
 - C. Ability of the client and family to safely manage activities of daily living.
 - D. Number of hazards present in the environment.
8. The key to evaluating self-help devices for the individual with a disability is whether the device:
- A. Was ordered by the physician.
 - B. Provides mobility for the client.
 - C. Allows functioning at maximum potential.
 - D. Requires frequent maintenance.

Domain 5 – Healthcare Reimbursement

9. The effectiveness of case management services is evaluated most completely:
- A. After the extent of the benefits coverage is determined.
 - B. After the case is closed.
 - C. By measuring the costs incurred by the insurer.
 - D. By input from the client.
10. The payment method in which the number of services provided does not affect the amount of income a provider receives is:
- A. Risk band.
 - B. Threshold protection.
 - C. Capitation.
 - D. Fee-for-service.

Domain 6 – Vocational Concepts and Strategies

11. A functional capacity evaluation primarily:
- A. Assesses pain behavior.
 - B. Documents consistency of effort.
 - C. Determines return-to-work capabilities.
 - D. Documents disability determination.
12. Because of the close connection between medical and indemnity benefits in the workers' compensation arena, any medical cost containment measures must be balanced with:
- A. Appropriate return-to-work efforts.
 - B. Regulation of medical fee schedules.
 - C. Treatment guidelines to control utilization.
 - D. Limitations of the employee's ability to change providers.

Answers: 1. C; 2. D; 3. B; 4. D; 5. C; 6. B; 7. C; 8. B; 9. B; 10. C; 11. C; 12. A.

Examination Sites and Schedule

Upon confirmation of eligibility to take the examination, we will send you an **Authorization to Test (ATT)** by email.

The ATT authorizes you to take the Certified Case Manager Examination. The ATT will be sent to the email address you give us in the application, so be sure your email address is correct. You cannot schedule your examination with Prometric, our CBT testing partner, until you have received your ATT .

The ATT will contain all the detail and information you need about exam sites and scheduling, including:

- The contact information for Prometric.
- Details and instructions on how to schedule your examination date with Prometric.
- Information on how to reschedule or cancel your examination, should that be necessary.

Examination Deferrals

Candidates who are deemed eligible, but who are unable to sit for a scheduled examination for any reason are permitted only one deferral to the next scheduled testing date. A deferral fee will be charged to cover CCMC's processing costs.

Candidates who are unable to sit for the second scheduled examination will be required to submit a new application, together with another, **non-refundable** application processing fee. Furthermore, such reapplications will be subject to all CCM criteria in effect at that time. Candidates who pay their examination fee, but are unable to sit for the examination on the scheduled date and are subsequently eligible to defer taking the examination may apply the examination fee to future testing. Refunds will not be issued, however, as all fees are non-refundable.

Examination Preparation Materials

BUYER BEWARE: As a credentialing agency, CCMC does not produce, endorse, or recommend any preparatory course. When purchasing any preparatory course, keep in mind that the developer of the course has only had access to the same published material that all applicants receive.

CCMC does not provide any information, other than the published documents already mentioned, to any organization or individual. The developer of the course has taken this public information and prepared a course of study based on his/her beliefs about how the content may appear on the certification exam.

Preparatory courses may not accurately predict the material that is on the examination since the course was developed from one individual's unique perspective. No developer of preparatory materials can know for certain what will appear on the examination; no developer can guarantee that you will achieve a passing score on the examination. Be wary of anyone making such claims.

It is suggested that individuals who are preparing for the certification examination make use of the materials already provided to them in this guide or on the CCMC website. Review the content areas of the examination, as published in this guide, and concentrate on those areas in which you feel you have had less experience or that you do not perform on a regular basis. CCMC has published a list of references and a glossary of terms on its website (www.ccmcertification.org). This glossary is not meant to be in any way a comprehensive study guide, but meant to aid you in your exam preparations.

Reading List

CCMC's website contains a list of some reference materials that may be of help to you as a candidate.

Please be aware that this reading list does not completely delineate the parameters of the examination. It is merely a suggested means for reviewing your personal education and practical experience in the field.

Again, CCMC does not endorse or recommend any specific study guide or course as preparation for the CCM examination.

Also recommended are past articles as they relate to case management in such publications as: The Case Manager; Care Management; Lippincott's Case Management; and Rehabilitation Nursing. You may also wish to review legislation, including the Americans with Disabilities Act and the Rehabilitation Act of 1973. CCMC has published a glossary of terms in the areas of health and human services, insurance, return-to-work and rehabilitation. The best way to prepare for the CCM certification exam is to review the examination content areas that appear in your Certification Guide and direct your efforts to those areas you may not perform on a regular basis as part of your job duties or in which you feel you may need a concentrated refresher.

SECTION 9: After the Exam: Scores, Profiles, Certificates and Inquiries

Examination Score

To achieve certification, a candidate must pass the CCM certification examination. A panel of experts arrived at recommended passing scores for each part of the exam using a method called the modified-Angoff approach.

In this method, each expert considered examination questions individually and made a judgment about the probability that a minimally competent candidate would answer the questions correctly. The overall passing scores were then computed as the average of the predicted probabilities for all individual questions. This panel then recommended the passing score for the exam to CCMC, which set the passing score. These passing scores represent the minimum level of knowledge that must be demonstrated to pass the examination as a whole.

Because of the need for security, multiple forms of the examination, each containing a different combination of questions, are used. The passing scores cannot be set as specific raw scores, or numbers of questions answered correctly, because some of these forms may be slightly easier or more difficult than others.

Therefore, requiring the same raw scores to pass the different forms would not be fair to all examinees. A statistical procedure called [equating](#) is used to adjust for any differences in the level of difficulty among examination forms. Once the examination forms have been equated, a procedure called scaling is used to convert the actual number of correct answers, or raw scores, to a uniform scale. These converted scores are called scaled scores. Scaled scores ensure that all examinees demonstrate the same level of ability in order to pass the examination. CCMC disapproves of using test results for any purpose other than the use for which the examination is developed and conducted. This warning includes using the test results for internship or employment selection. In addition, test results are not to be used to compare educational programs. Certification tests are mastery tests and are not to be used as achievement or selection instruments.

Examination Profiles

A minimum of eight weeks following the certification examination, all candidates will be able to check their dashboards at www.ccmcertification.org to see if they passed or failed the exam. Only those candidates who did not pass will receive notification of their scores along with a computer profile showing their performance in each content area and on the examination as a whole. The profile identifies the minimum passing score and the candidate's score. This profile is confidential. Individual score reports are not released to any institution or employer.

Examination Inquiries

Candidates who feel an error or omission occurred during the examination process or those who question any aspect of the examination procedure may address an inquiry to the CCMC Examination and Research Committee. If the candidate disagrees with the committee's findings, a further appeal may be made to the Appeals Committee. Failure by a candidate to achieve a passing score on the certification examination cannot be appealed, nor can field test items be used to increase a candidate's score.

Certificates

A certificate will be sent along with the profile to each candidate who passed the examination. This certificate is the official proof of certification and candidates are entitled to begin using the designation "CCM" after their names as soon as they receive the examination profile that reports the achievement of a passing score.

Candidates who do not receive their original certificate within twelve weeks of the certification examination should contact CCMC immediately. CCMC will not be responsible for issuing replacement certificates that have not been requested within three months from the time the original should have been received.

Candidates will be assessed a duplicate certificate fee for requests made after this time. Duplicate or replacement certificates can be requested from the CCMC business office. There is a fee for this service, and all certificates remain the property of CCMC.

Candidates Who Do Not Pass

Candidates who do not achieve a passing score on the certification examination will be allowed to re-take it once within the 12 months following the **ORIGINAL** test date. (The first date for which a candidate receives a notification that he/she has been accepted to sit for the examination is considered the original test date.)

However, candidates must notify CCMC of their intention to take the test again and must also remit a second examination fee.

Candidates who do not achieve a passing score on their second attempt or who are unable to sit again during the applicable 12-month period must submit a new application, together with a second, non-refundable application processing fee, to continue their pursuit of the CCM designation. Such re-applications will be subject to all commission criteria in effect at that time.

SECTION 10: Fees

Standard Fees

Application Processing \$130

This fee is for processing and review of your application. It **will not** be refunded if you are ineligible to sit for the exam.

Examination \$160

This fee is for the examination. It **will** be refunded if you are ineligible to sit for the exam.

Total Paid With Your Application \$290

This is the total amount you pay to complete and submit your application.

Other Fees

Exam Rescheduling Fees

The following fees are payable to *Prometric* once you have scheduled your examination appointment:

More than 30 days before scheduled exam appointment: **No Fee** (*CCMC deferral fee may still apply, below*)

30 – 6 days before scheduled exam appointment: **\$25** payable to “Prometric”

5 – 1 day before scheduled exam appointment: **\$80** payable to “Prometric”

Deferral Fee \$60

Paid if you scheduled with Prometric to sit for an examination but you need to reschedule. This fee may be in addition to any of the fees above.

Missed Appointment/No Show Fee \$100

This fee is charged by CCMC if a candidate fails to attend their scheduled exam without a valid and documented excuse. This fee is also required if a candidate calls to reschedule their exam on the day of their originally scheduled exam appointment.