



Application
Certified Quality & Risk Management Specialist Long Term Care

Part I – Personal Data

Name: (Last, First, MI) _____

Home Mailing Address: _____
Street City State Zip

Home Phone () _____ Work Phone () _____ Fax () _____

Part II – Qualifying Experience

Current Employer Name: _____

Address: _____

Hire Date: _____ Position Title: _____

Name of Supervisor: _____ Phone #: () _____

Previous Employer Name: _____

Address: _____

Hire Date: _____ Position Title: _____

Name of Supervisor: _____ Phone #: () _____

Brief Description of Current Duties and Responsibilities: _____

Note: Provide additional qualifying experience or job information on a separate sheet of paper and attach to this Application Form.

Part III – Education and Training

Circle Highest Level Attained:

High School/GED Some College Associate Degree Baccalaureate Degree Graduate Degree

High School Attended (Name/City/State): _____

Post Secondary Schools: Technical Schools, Colleges, Universities

Name/City/State Dates Attended Semester Hrs Major Type Degree

Note; List other completed training courses including military, business, or industry specific courses on a separate sheet of paper and attach to Application Form.

Part IV – Certifications and Professional Memberships

Organization	Address	Position/Office Held	Certification

Part V – References (include a minimum of two)

Name	Title/Organization	Phone Number

Part VI – Applicant Statement/Signature

I attest to the accuracy of all information submitted for certification evaluation. I understand that the applicant fee is non-refundable and I further understand that the CQRMS Program has additional annual maintenance fees. Upon certification, I acknowledge my responsibility for adhering to the CQRMS Code of Ethics and maintaining professional competence through continuing education.

Signature Date

Return this application with the CQRMS Registration Form to: ALTCQI
2200 Woodcrest Place, Ste. 200
Birmingham, AL 35209
Or fax application & CQRMS Registration to 205.414.2678 ATTN: Joy Cornelius

FOR ALTCQI USE ONLY

Date Application Received _____ Type of additional information required _____
Level of Certification _____
Application Fee Paid _____ File Number Assigned _____
Date Reviewed/Verified _____ Reviewer Initials _____
Examination Date/Location _____ Date Certified _____
Credential Issued _____

Remarks: