The American Institute Of Outcomes HealthCare Management
6571 Altura Blvd, Buena Park, CA 90620
Telephone (562) 945-9990 Facsimile (562) 698-2339
www.aiocm.com

☐ Application for CMC
☐ Application for UMC

MEMBERSHIP/CERTIFICATION APPLICATION

Membership Applicants: Complete parts 1, 2, 3 and 6. Refer to checklist, part 8 on page 4.

Certification Applicants: Complete all parts. Refer to checklists, parts 8 and 9 on page 4. Complete after reviewing the brochure entitled "Certification".

Please call if you need clarification or help.

Application for: ☐ Membership and Certification ☐ Membership Only

1	GENERAL INFORMATION (Required for Membership and Certification Applicants)

Dr. Ms. Mr. Mrs.
Please circle one of the above

First ________ Middle ________ Last ________

HOME	BUSINESS
☐ Check here if you want correspondence to be sent to your home.	Current Employer
Street Address / Apt. #	Street Address / Suite #
City, State, Zip	City, State, Zip
Tel. No.	Tel. No.
Fax No.	Fax No.
E-Mail	E-Mail

PLEASE ANSWER THE FOLLOWING:

Has your professional license/certification ever been involuntarily or voluntarily revoked, suspended, restricted or has them been any other disciplinary action against you in any state? _______Yes _____No

Have you ever been convicted of any felony or misdemeanor, except for minor traffic infractions, under the laws of any state of the United States? _______Yes _____No

Has any disciplinary action been taken against you by any peer review body, healthcare organization, professional society, law enforcement agency, court of governmental agency pertaining to your clinical or ethical performance as a healthcare professional? _______Yes _____No

2	EDUCATION (Required for Membership and Certification Applicants)		
College/University	**Degree/Diploma**	**Major**	**Year Received**
Professional License	License #:	State:	

3	GENERAL PROFESSIONAL EXPERIENCE (Required for Membership and Certification Applicants)			
For each position held, provide the following information. Attach a resume if you wish, if it contains the required information.				
Employer				
Position Title		Dates	From:	To:
Job Description				
Employer				
Position Title		Dates	From:	To:
Job Description				
Employer				
Position Title		Dates	From:	To:
Job Description				
Employer				
Position Title		Dates	From:	To:
Job Description				
Employer				
Position Title		Dates	From:	To:
Job Description				
Additional information can be attached to the application.				

4	PROFESSIONAL ACTIVITIES (Required for Certificate Applicants Only)

- Healthcare professionals usually perform their technical activities together with other supporting activities. For example, a medical doctor usually practices medicine as well as customer service, quality management, business management, etc. For certification, knowledge is required in many areas.
- Assess your professional experience as it applies to the areas below. Please mark an approximate percentage of your working time spent in each box for (A1, B1, etc.) each year-Year 1 being the current year. **Please think critically**. For example, just because you did not have an official position as a risk manager does not mean that you have not done the function of risk management, etc.
- If your activity is not indicated, list under Other Relevant Activities.

Please call AIOCM office if you have any questions.

AREA	Weighting / Score Criteria	Percentage of time spent in year Year 1 refers to the current year				
		Year 1	Year 2	Year 3	Year 4	Year 5
CLINICAL	**8/A**	A1	A2	A3	A4	A5
- Planning of care and follow up - Performance of clinical tasks - Management of Care - Performing activities in support of clinical care						
CUSTOMER SERVICE	**10/A**	B1	B2	B3	B4	B5
- Working in direct interface with physicians - Working with issues related to access, customer service - Working in advocacy role - Working in direct interface with the public						
MANAGEMENT/SUPERVISION	**12/B**	C1	C2	C3	C4	C5
- Working with resource management - Working with organization planning/systems development - Working with budgetary and cost management						
QUALITY/PERFORMANCE IMPROVEMENT	**15/B**	D1	D2	D3	D4	D5
- Designing process improvement teams - Working with performance improvement related to appropriateness and efficiency - Working with performance improvement - Working with outcomes management						
LEGAL/RISK ASPECTS	**12/B**	E1	E2	E3	E4	E5
- Working with risk management issues - Working with documentation & confidentiality issues - Working with rules/regulation of consumer rights - Working with rules/regulation of practice of the professional						
WORKING WITH PAYER ORGANIZATIONS	**8/A**	F1	F2	F3	F4	F5
- Working with HMO, PPO, Health Plans, etc. - Working with economics related to payer organization - Working with managed care/capitation concepts - Working with payer needs/rules/regulations						
UM/CM/DP/DM	**15/B**	G1	G2	G3	G4	G5
- Working with care management processes - Working with UM/CM/DP/DM						
CLINICAL CHART AUDIT	**8/A**	H1	H2	H3	H4	H5
- Working with chart audit for care management - Working with chart audit for UM - Working with chart audit for reimbursement - Working with chart audit for quality management						
WORKING WITH EMPLOYER ORGANIZATIONS	**8/A**	H1	H2	H3	H4	H5
- Working with employer needs/rules/regulation - Working with occupational health - Working with workers comp. rules/regulations/system - Working with return to work system						
WORKING WITH PROVIDER ORGANIZATIONS	**8/A**	I1	I2	I3	I4	I5
- Implementing Care Management - Working with CM models - Implementing CM in Hosp./Amb. Care/Out Pt. - Implementing Outcomes Management						
WORKING WITH COMMUNITY RESOURCES	**8/A**	J1	J2	J3	J4	J5
- Organizing alliances with community resources - Organizing resources to move client along the continuum - Organizing to obtain community resources - Organizing link between patient and community resources						
RESOURCE MANAGEMENT	**15/B**	K1	K2	K3	K4	K5
- Working with human/financial/material management.						
FINANCIAL MANAGEMENT	**15/B**	L1	L2	L3	L4	L5
- Working with issues related to financial management - Performing cost benefit analysis - Working with capitation - Working with consumer/payer/provider financial mgmt						
BUSINESS MANAGEMENT	**15/B**	M1	M2	M3	M4	M5
- Working with business and management issues - Working in strategic planning - Working with negotiation of price/renewal of contracts - Working in infrastructure design for improving organizational performance9						
OTHER RELEVANT ACTIVITIES		N1	N2	N3	N4	N5
Total must equal 100%, for each year column		100%	100%	100%	100%	100%

5	EDUCATION DOCUMENTATION (Only Required for Certification Applicants)
Using this or other formats, **on a separate page**, outline any educational programs relevant to the certification that you are applying for. Refer to the "Certification" brochure that describes in detail (page 6, Table C) education requirement.	
Program Name:	Program Provider:
Duration of Program:	Date Program Completed:
Brief description of program and program objectives. Or submit a copy of the program brochure or manual.	

6	SIGNATURE (Required for Membership and Certification Applicants)
I, the undersigned, do hereby make this voluntary application to AIOCM and understand that the information that I have provided is accurate, true and correct to the best of my knowledge. I agree to release to AIOCM all pertinent information related to my application. Therefore, I understand and agree that my failure to provide accurate, true and correct information, shall constitute grounds for rejection of my application. I understand that my name will become part of the registry of AIOCM, unless I specifically request that my name not be released.	
Signature	Date

7	SIGNATURE (Required for Certification Applicants Only)
I have read, understood and agree to be bound by the code of ethics. I understand that failure to abide to the code of ethics shall constitute grounds for revocation of my certification. I understand that the certification is not a license.	
Signature	Date

8	CHECKLIST (Required for Membership and Certification Applicants)

- ☐ Signed and completed appropriate sections of the application form. **(Please note that if any part of the application is not signed or filled out, your application will be delayed).**
- ☐ Fees: $125.00 ($50.00 application fee is non-refundable and $75.00 annual membership fee).

9	CHECKLIST (Required for Certification Applicants Only)

- ☐ Two personal references from professionals and/or colleagues you have worked with. The references must comments on the professional, moral and ethical behavior of the applicant.
- ☐ Proof of completion of general education and training. (Copy of diploma, degree or transcript may be submitted). Original or **NOTARIZED** copies.
- ☐ Original letter(s) from employer(s), indicating activities/tasks being performed and approximate percentage of time being spent performing the tasks.
- ☐ Proof of completion of education indicated in part 5 and program brochures and/or manuals.
- ☐ Proof of successful completion of AIOCM examination.