

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.



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

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

CMSA's Annual Conference & Expo							
Annual		Conference Dates		Location			
<input type="checkbox"/>	30 <sup>th</sup>	06/28-07/02/2020		Boston, MA		<input type="checkbox"/>	26 <sup>th</sup>
<input type="checkbox"/>	29 <sup>th</sup>	06/10-06/14/2019		Las Vegas, NV		<input type="checkbox"/>	25 <sup>th</sup>
<input type="checkbox"/>	28 <sup>th</sup>	06/19-06/23/2018		Chicago, IL		<input type="checkbox"/>	24 <sup>th</sup>
<input type="checkbox"/>	27 <sup>th</sup>	06/26-6/30/2017		Austin, TX			

Additional CMSA Programs – Fill in Blanks							
Event		Training Date(s)		Location			
<input type="checkbox"/>	AMBASSADOR PROGRAM					<input type="checkbox"/>	4 <sup>th</sup>
<input type="checkbox"/>	ICM					<input type="checkbox"/>	3 <sup>rd</sup>
<input type="checkbox"/>	CKP					<input type="checkbox"/>	2 <sup>nd</sup>

**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:** \_\_\_\_\_

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