

CERTIFIED QUALITY AND RISK MANAGEMENT SPECIALIST

Renewal /Contact Information Form

All Spaces MUST be completed

Current Information

Name Click or tap here to enter text.

Home Address Click or tap here to enter text.

State Choose an item.

Risk Manager Number Click or tap here to enter text.

City Click or tap here to enter text.

Zip Code Click or tap here to enter text.

Work Phone Click or tap here to enter text.

Home Phone Click or tap here to enter text.

Current Employer Name Click or tap here to enter text.

Work Email Click or tap here to enter text.

Home Email Click or tap here to enter text.

Previous Information: COMPLETE ONLY if information has changed in previous 2 years.

Do you have a new Name? Choose an item.

If Yes, Please list: Click or tap here to enter text.

Do you have a new Address?New Address

If Yes, please list: Click or tap here to enter text.

Do you have a new Phone Number? Choose an item.

If Yes, Please List: Click or tap here to enter text.

Do you have a new email address? Choose an item.

If Yes, Please list: Click or tap here to enter text.

CEU Hours Earned Did you complete 24 CEU hours in the past two (2) years? Choose an item.

→ If you did not complete 24 CEU hours in the past 2 years, please state reason: Click or tap here to enter text.

** Please DO NOT SUBMIT any supporting documents for CEU hours earned. Should you be audited, you will be asked to provide documentation of having earned twenty-four (24) CEUs within your renewal period. To re-certify as a CQRMS you are required to submit **24 HOURS** every two years.

Renewal Fee Renewal Fee is \$100 (one hundred) dollars for a 2-year renewal period. Please submit this form and your CHECK* by mail to address below or you may pay by **PayPal** for your renewal **if you make payment by PayPal you may email your renewal form to Altqcqadm@gmail.com

*Please note: A \$35.00 Non-sufficient Funds (NSF) fee will be charged for all returned checks.

Mail this completed ORIGINAL FORM, and check for \$100 to:

Associated Long Term Care Quality Improvement

P.O. Box 381073

Birmingham, AL 35238



Renewals must be postmarked by your expiration date. **There will be a \$50.00 late fee for all renewals submitted after your expiration date.**

If you do not renew within 30 days from your expiration date you will be removed from the certified members list; renewal will then require retesting in addition to a retesting fee of \$75 and a late fees of \$50. *Terms and conditions apply, contact altqcqadm@gmail.com for questions.

Signature: _____ Date: _____