

American Medical Directors Certification Program (AMDCP)

Initial Certification at a Glance

AMDCP's certification process is based on evidence of Clinical and Management education and experience. Physicians who currently serve in the role of medical director or associate medical director may apply for certification after meeting eligibility requirements under each of three steps as described below.

Step One General Eligibility

- Completion of a U.S. ACGME or AOA accredited post-graduate training program, or a Canadian Royal College of Physicians and Surgeons or College of Family Physicians accredited post-graduate training program; **OR** completion of relevant U.S. post-graduate training and successful attainment of U.S. state licensure to practice medicine^{1,2}
- Current, unrestricted, state license as an MD or DO in the U.S. or an equivalent license to practice medicine in Canada
- Spend a minimum of 8 hours each month in service as a medical director in a long term care setting
- Completion of "AMDA's Core Curriculum on Medical Direction in Long Term Care" (or its equivalent³) within five (5) years of application

Select One Option each from Step Two and Step Three

Select the Options that best Match your Experience and Education for each Step⁴

Step Two Clinical Education and Experience

Option 1

- Two (2) years of clinical practice in long term care **AND**
- Current ABMS or AOA Certification in a Primary Specialty **WITH EITHER**
 - ◆ Completion of an ACGME or AOA accredited fellowship in geriatrics or other relevant clinical program completed within the preceding five (5) years of application (e.g. pediatric, psychiatric, MR/DD)

OR

- ◆ ABMS Certificate of Added Qualifications in Geriatric Medicine or other equivalent certification (e.g., hospice, home care)

Option 2

- Three (3) years of clinical practice in long term care **AND**
- Current ABMS or AOA Certification in a Primary Specialty **AND**
- Sixty (60) hours of *AMA PRA Category 1 CreditsTM*, AAFP-approved, or AOA-approved credits in Clinical Medicine relating to long term care in the preceding three (3) years. A minimum of 12 of these credits must come from live course-work. Up to 48 of these credits can come from self study activities.

Option 3

- Four (4) years of clinical practice in long term care **AND**
- Seventy-five (75) hours of *AMA PRA Category 1 CreditsTM*, AAFP-approved, or AOA-approved credits in Clinical Medicine relating to long term care in the preceding three (3) years of application A minimum of 15 of these credits must come from live course-work. Up to 60 of these credits can come from self study activities

Step Three Medical Management Education and Experience⁵

Option 1

- Two (2) years post-fellowship, within a five-year period preceding CMD application submission, in the role of medical director or associate medical director in a long term care facility/setting **AND**
- Completion of a fellowship in geriatric medicine within the past five (5) years

Option 2

- Three (3) years, within a five-year period preceding CMD application submission, in the role of medical director or associate medical director in a long term care facility/setting **AND**
- 14 hours of approved CMD Management courses within five (5) years of application (a minimum of 2 hours must come from live course-work)

Option 3

- Four (4) years, within a five-year period preceding CMD application submission, in the role of medical director or associate medical director in a long term care facility/setting **AND**
- Completion of an Individualized Education Program (IEP) in long term care Medical Management equivalent to the Core Curriculum for a minimum of seventy-five (75) contact hours within five (5) years of application. A written plan for the IEP must be submitted and approved by the AMDCP Board of Directors prior to completion of the program and submission of the application (all IEP coursework must be reviewed and approved by the AMDCP Board of Directors)

American Medical Directors Certification Program (AMDCP) Initial Certification at a Glance

¹If you have not completed an accredited post-graduate training program, please submit a letter describing your post-graduate training in the U.S. for the Certification Board to consider.

²A candidate may submit a letter requesting a waiver of a requirement to explain his/her special circumstances for Certification Board consideration.

³ The Core is an intensive 7-day course with comprehensive content specific to Medical Direction in the Long Term Care setting. In lieu of completing the Core and prior to submission of the certification application, certification candidates may submit an Individualized Education Plan (IEP), under Step Three, Option 3, to the AMDCP Board of Directors for review. After the Board determines if the proposed coursework constitutes an “equivalency”, the candidate will be advised of the Board’s decision. Historically, true equivalent coursework has been difficult to find. The AMDCP Board of Directors does not want to discourage experienced Medical Directors from exploring their own education histories to determine if they have completed equivalent studies and includes the language about equivalent coursework out of fairness.

⁴In addition to meeting eligibility under Step One, applicants must complete education and practice requirements under one option for Step Two **AND** one option for Step Three. Options for Step Two and Step Three are independent of each other. Select the option that best describes your education and experience under each Step.

⁵Applicants who do not hold an ABMS or AOA Certification in a Primary Specialty must apply under Option 3 for Step Two.

Application Process

- 1) Complete and sign the application form.
- 2) After meeting eligibility requirements; submit the application form with required documentation and the application review fee by April 1 or October 1.
- 3) Staff will review the application and send a letter of notification that:
 - (a) your application is complete for review at the next scheduled Board meeting, OR
 - (b) your application requires additional documentation/information with a due date that will take the date of the next scheduled Board meeting into consideration.
- 4) The AMDCP Board of Directors meets in June and December of each year to review and approve applications.
- 5) Candidates will receive notification of their status by e-mail within four weeks of the Board meeting.
- 6) If you wish to have immediate notification of receipt of your application, send the Forms by Federal Express, UPS, or other courier that provides confirmation.

Initial Certification Application Fees

\$475 AMDA member \$575 Non-member

If you need assistance completing your certification application, or if you are not sure if you currently meet eligibility requirements, please e-mail or call our Certification Program Administrator for a consultation at cmd@amda.com, 410-740-9743.

AMDA CERTIFICATION PROGRAM

INITIAL CERTIFICATION APPLICATION

SECTION 1: GENERAL ELIGIBILITY INFORMATION

STEP 1:			
Name:		<input type="checkbox"/> MD	<input type="checkbox"/> DO
Date of Birth:		AMDA Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:			
City:		State:	Zip:
Office Phone:		Office Fax:	
E-mail:			
United States ACGME Medical School Graduate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Medical School:			
Graduation Date:			
International Medical School Graduate?		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> USMLE Exam Flex
Name of Medical School:			
Country:		Graduation Date:	
Date of Legal Qualification to practice in the United States:			
<u>Post-Graduate Training</u>			
PGY 1 (or Internship)			
Institution:			
City:		State:	Country:
Specialty:		Date Completed:	
PGY 2-3 (or Residency)			
Institution:			
City:		State:	Country:
Specialty:		Date Completed:	
<u>Current Licensure:</u> Attach a copy of your current license with expiration date for your primary state of practice.			
State:	License #:	Expiration Date:	
State:	License #:	Expiration Date:	
Number of consecutive clinical practice years in a long term care setting:			
Number of consecutive years Medical Director or Associate Medical Director service in a long term care setting immediately preceding application submission:			
Total number of hours per month you serve as in the Role as Medical Director:			
SECTION 2: OPTION SELECTION			
Select One Option <u>Each</u> For Step Two And Step Three			
Select the Options that best Match your Experience and Education under <u>each</u> Option. See "Initial Certification at a Glance" of this application to determine under which options you will apply.			
STEP 2: CLINICAL MEDICINE ELIGIBILITY			
I am applying under option:	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three
STEP 3: MEDICAL MANAGEMENT ELIGIBILITY			
I am applying under option:	<input type="checkbox"/> One	<input type="checkbox"/> Two	<input type="checkbox"/> Three

**AMDA CERTIFICATION PROGRAM
INITIAL CERTIFICATION APPLICATION**

SECTION 3: VERIFICATION OF ELIGIBILITY

Education Eligibility (supply documentation for each yes response --see checklist page 4)

1. Do you hold a current ABMS or AOA certificate in a primary specialty?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Name of Board of Primary Specialty:		
Expiration date of current certification:		
Date of certification or most recent recertification:		
2. Do you have a current Certificate of Added Qualifications in Geriatrics OR equivalent certification in hospice or home care?	<input type="checkbox"/> yes	<input type="checkbox"/> no
Expiration date of current certification:		
Date of certification or most recent recertification:		
3. Have you completed a Geriatric Fellowship within the past 5-years	<input type="checkbox"/> yes	<input type="checkbox"/> no
Year you completed your Fellowship:		
Name of Fellowship program:		

List the long term care facilities in which you have provided clinical services for all years of your Clinical experience eligibility period. Attached additional pages if necessary.

Facility Name and Site of Service (e.g., SNF, hospice, assisted living, home care, other)		Dates of Employment		
Facility 1 Name	Site of Service 1	From: _____ (mm/dd/yyyy)	To: _____ (mm/dd/yyyy)	
Street Address		City	State	Zip Code
Facility 2 Name	Site of Service 2	From: _____ (mm/dd/yyyy)	To: _____ (mm/dd/yyyy)	
Street Address		City	State	Zip Code

List all Long Term Care Facilities in which you have served as Medical Director for all years of your Management experience eligibility period. Include all contact information. Attached additional pages if necessary.

Facility Name and Site of Service (e.g., SNF, hospice, assisted living, home care, other)		Dates of Employment		
Facility 1 Name	Site of Service 1	From: _____ (mm/dd/yyyy)	To: _____ (mm/dd/yyyy)	
Street Address		City	State	Zip Code
Facility Administrator's Name		Administrator's Contact Phone Number		
Number of hours of service each month as medical director:				
Facility 2 Name	Site of Service 2	From: _____ (mm/dd/yyyy)	To: _____ (mm/dd/yyyy)	
Street Address		City	State	Zip Code
Facility Administrator's Name		Administrator's Contact Phone Number		
Number of hours of service each month as medical director:				

AMDA CERTIFICATION PROGRAM

INITIAL CERTIFICATION APPLICATION

SECTION 4: SIGNATURE REQUIREMENT

This application MUST be signed by the Medical Director applicant only. Please read the statements below thoroughly before signing the application. By signing below you agree to abide by the “AMDCP Code of Conduct” and attest to the truthfulness of all information provided by you in support of your application. Applications will not be processed without the candidate’s signature.

AMERICAN MEDICAL DIRECTORS CERTIFICATION PROGRAM CODE OF CONDUCT

The AMERICAN MEDICAL DIRECTORS Certification Program is dedicated to the delivery of competent, comprehensive and compassionate medical care to all people residing in long term care facilities. To further these goals, all Certified Medical Directors in Long Term Care (AMDA CMD) shall:

- commit to the advancement of physician leadership and excellence in medical direction throughout the long term care continuum.
- maintain a commitment to life-long learning in both clinical and management education.
- uphold the ethics of the medical profession in all aspects of the care rendered.
- serve as a model of personal and professional integrity and skills.
- respect the law while recognizing the responsibility to seek changes in the law for the best interests of the people entrusted to their care.
- work diligently with all professional colleagues to create a milieu that fosters the highest attainable degree of care.
- place the competent, compassionate care of all their patients above any financial reward or inducements.
- advocate for all persons who reside in the facility.
- participate in those activities that contribute to an improved community.
- respect the individual’s right to autonomy in decision making.
- strive to strengthen understanding of CMD expertise in the community, in part, through display of the acronym CMD according to the Statement of Use declaration.

I do hereby certify that the information submitted to AMDCP in this application (and the attached documentation) for certification is true and correct in all respects. I understand that information made part of this application may be verified by the AMDCP or its representatives by contacting the named facilities or institutions as well as national registries of licensure and other peer review groups for disciplinary or other activity, including but not limited to FACIS and the National Practitioner Data Bank. Further, I accept that misrepresentation of the information provided herein can result in the denial or loss of CMD certification.

Candidate’s Printed Name:

Candidate’s Signature:

Date:

**Mail the completed application and application fee to:
American Medical Directors Certification Program
Certification Program Administrator
11000 Broken Land Parkway, Suite 405
Columbia, Maryland 21044
Need assistance? Contact AMDCP at 410-740-9743**

AMDA CERTIFICATION PROGRAM

INITIAL CERTIFICATION APPLICATION CHECKLIST

Before you mail your application to AMDCP, please use the checklist below to ensure that you have completed the sections pertinent to your individual education, practice, and experience and that you have enclosed all required documents in support of your application. Return this checklist with your application.

DUE DATES: April 1 for AMDCP Board’s review in June
 October 1 for AMDCP Board’s review in December

All applications received by the dates listed above must be complete in order to ensure timely review.

- I have completed all required information in Step One, page 1.
- I have selected the option for Clinical Education and Experience under which I will apply, page 1
- I have selected the option for Management Education and Experience under which I will apply, page 1
- I have completed all information pertinent to one of the three Options for Clinical Education and Experience eligibility, pages 2.
- I have completed all information pertinent to one of the three Options for Management Education and Experience eligibility, pages 2.
- I have signed and dated the application, page 3.
- I have included payment of the application fee, page 4.

Documentation: I have enclosed the following required documentation

- Verification of completion of PGY 1-3 program and/or Fellowship, page A-1 (as applicable)
- Current State Medical License (required)
- Current ABMS or AOA certificate in primary medical specialty (as applicable)
- Current Certificate of Added Qualifications or equivalent (as applicable)
- Practice Disclosure Form, pages B-1 and B2 (Required)
- Case/claim information on a separate sheet or on the Confidential Information Detail Form page C-1 (as applicable)
- CME certificates recording credit hours in Clinical Medicine education pages D-1 and D-2 (as applicable)
- CME and/or CMD certificates recording credit hours in Medical Management education pages E-1 and E-2 (required)
- Employment Verification Form(s), page F-1 (required)
- Individualized Education Program page IEP 2-3 (as applicable, Option 3 only)

PAYMENT: Submit the non-refundable application fee of \$475 (for AMDA members) or \$575 (for non-members). Payment must accompany the application.

I have enclosed the amount of \$ _____ through the payment option described below:

Check payable to **AMDCP** MasterCard Visa American Express

Card #:	Expiration Date:	Security # (3-4 digit code on back of card)
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Name as it appears on card:

Billing Address as listed for card:

Cardholder’s Signature:	Date:
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AMDA CERTIFICATION PROGRAM FELLOWSHIP VERIFICATION FORM

Dear Program Director:

The American Medical Directors Certification Program (AMDCP) administers a certification program for medical directors in long term care settings (AMDA CMD). One option that is recognized toward the clinical education requirement is completion of an ACGME or AOA accredited fellowship in geriatrics, pediatrics, MR/DD, or other specialties dedicated to teaching about care for frail elders or children and young adults with chronic conditions and developmental delays. The AMDCP requests your signature on this form in verification that the physician named has completed, **within the past 5 years**, an accredited fellowship as described above.

Please return this form to the physician named below.

Graduate Fellow's Name: _____

Fellowship Specialty: _____ Accredited by: _____

Name of Program Director: _____

Name of Institution: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Long Term Care Facility Rotation:

Facility Name: _____

Number of Months' Experience: _____ Percentage of Time: _____

Facility Name: _____

Number of Months' Experience: _____ Percentage of Time: _____

Total Length of Fellowship (in months): _____ From: _____ To: _____

I attest that the Graduate Fellow named above completed the fellowship described above, including practical and didactic experience in a long term care setting.

Program Director's Signature: _____ Date: _____

**AMDA CERTIFICATION PROGRAM
INITIAL CERTIFICATION APPLICATION
PRACTICE DISCLOSURE FORM**

ALL CERTIFICATION CANDIDATES MUST COMPLETE AND SIGN THIS PRACTICE DISCLOSURE FORM. CAREFULLY READ AND ANSWER EACH QUESTION AND SUPPLY INFORMATION/DOCUMENTATION AS INSTRUCTED TO DO SO IN THE SHADED AREA AFTER EACH ANSWER. ATTACH ADDITIONAL DOCUMENTATION AS NECESSARY.

1. Have any judgments or settlements been made against you in a professional liability case or are there any claims pending within the past five years?

Yes No

If your answer to this question is "Yes," please complete the attached Confidential Information Detail Form.

2. Are your hospital privileges and or nursing home privileges active and in good standing in all hospitals in which you practice (i.e., not been denied, suspended, diminished, revoked or not renewed)?

Yes No

If your answer to this question is "No," please document the information in the space below:

3. Are your memberships in professional organizations, or renewals thereof, active and in good standing (i.e., not been denied or subject to disciplinary or corrective action)?

Yes No

If your answer to this question is "No," please document the information in the space below:

4. Is your professional license to practice active and in good standing in all states (i.e., has not been denied, limited, suspended, or revoked in any state)?

Yes No

If your answer to this question is "No," please document the information in the space below:

5. Have any charges against you been brought before your state licensure board or any other state licensing authority?

Yes No

If your answer to this question is "Yes," please document the information in the space below:

6. Are you aware of any situation or circumstance which might result in disciplinary activity, limitation of your professional licensure, or other sanction by your state licensure board or any other state licensing authority?

Yes No

If your answer to this question is "Yes," please document the information in the space below:

7. Is your DEA registration number (Narcotics License) active and in good standing (i.e., not been denied, suspended, or revoked)?

Yes No

If your answer to this question is "No," please document the information in the space below:

8. Do you have any current medical and/or psychiatric problems which would adversely affect your ability to practice your profession?

Yes No

If your answer to this question is "Yes," please document the information in the space below:

**AMDA CERTIFICATION PROGRAM
INITIAL CERTIFICATION APPLICATION
PRACTICE DISCLOSURE FORM**

9. Do you now, or have you ever abused the use of alcohol or drugs, or have you ever been addicted to alcohol or drugs?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If your answer to this question is "Yes," please document the information in the space below:</i>	
10. Have you ever been subject to disciplinary action or had membership denied, revoked, or suspended by an HMO or PPO?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If your answer to this question is "Yes," please document the information in the space below:</i>	
11. Have you ever had any claim from any local Professional Review Organization (PRO), i.e., patient, in two or more cases?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If your answer to this question is "Yes," please document the information on a separate sheet and attach to the application.</i>	
12. Have you ever applied for licensure and withdrawn your application?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If your answer to this question is "Yes," please document the information in the space below:</i>	
13. Have you voluntarily resigned privileges while under investigation at a hospital or nursing home within the past six years?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If your answer to this question is "Yes," please document the information in the space below. Please list all of the facilities for which you served as medical director, assistant medical director, or associate medical director in the past six years and your reason(s) for leaving.</i>	
14. Have you ever participated in a drug or alcohol rehabilitation program?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
<i>If your answer to this question is "Yes," please document the information in the space below:</i>	

I give permission to the American Medical Directors Certification Program to complete a malpractice and licensure review using national data search resources.

Name (*please print*): _____

Signature _____ Date: _____

Denials are final. If application is denied, the applicant is entitled to see his/her files

**AMDA CERTIFICATION PROGRAM
INITIAL CERTIFICATION APPLICATION
CONFIDENTIAL INFORMATION DETAIL
CASE/CLAIMS HISTORY**

Please complete this form for each case. Please provide detailed responses to each item below. You may duplicate this form as needed. Printed or typed information is required. Handwritten forms will be returned to the candidate for legible completion.

1. Patient age:		
2. Where did the patient reside at the time of diagnosis and treatment?		
4. Diagnosis:		
5. Your involvement in the case (e.g., attending, consulting, medical director):		
6. Allegation(s):		
7. Detailed clinical case summary:		
8. Patient outcome:		
9. Other pertinent details:		
10. Date of incident:		
11. Date action filed:		
12. Date closed (if applicable):		
13. Resolution of case (e.g., dismissed, pending, etc.):		
14. Amount of settlement paid in your behalf (if applicable):		
15. Professional Liability insurer involved:		
Street Address:		
City	State	Zip
Telephone:		

Signature

Date

AMDA CERTIFICATION PROGRAM CLINICAL MEDICINE CME DOCUMENTATION FORM

Use this form to record credits to prove Clinical Education eligibility under the Option you indicated on page 1 of this application. Credits will be administratively reviewed to determine eligibility. Provide sufficient details to allow AMDCP staff to determine the topics covered in the content of each activity. Credits will be deemed “ineligible” if there is insufficient detail to determine content covered in that activity. All information must be typed. Handwritten forms will be returned to be redone. If you are filling out this form on your computer, fields will expand to accommodate text entered.; use the mouse, or tab between fields to input your text.

Clinical Education: Both AMDA sponsored and non-AMDA coursework on clinical topics that directly relate to your long term care setting may be submitted for consideration. Clinical Education credit hours are *AMA PRA Category 1 Credits™* on topics such as: diabetes, stroke, pressure ulcers, falls, hypertension, dementia or other clinical issues seen in *your* long term care patient population. Up to 80% of the Clinical Education credit hours may come from self-study activities; the remaining 20% must come from live activities. **Eligible Clinical Education credits must come from the three-years immediately preceding application submission.**

ATTACH A CERTIFICATE OF ATTENDANCE OR OFFICIAL TRANSCRIPT FOR EACH ACTIVITY.

Accredited Sponsor’s Name and Activity Date (from preceding three-years)	Credit Hours Claimed	Live or Self Study	Title of CME Activity and Pertinence of Activity to LTC (if not evident in title of activity)	AMD CP use only.

AMDA CERTIFICATION PROGRAM MEDICAL MANAGEMENT CME DOCUMENTATION FORM

Use this form to record credits to prove Management Education eligibility under the Option you indicated on page 1 of this application. Credits will be administratively reviewed to determine eligibility. Provide sufficient details to allow AMDCP staff to determine the topics covered in the content of each activity. Credits will be deemed “ineligible” if there is insufficient detail to determine content covered in that activity. All information must be typed. Handwritten forms will be returned to be redone. If you are filling out this form on your computer, fields will expand to accommodate text entered.; use the mouse, or tab between fields to input your text.

Medical Management Education: Both AMDA sponsored and non-AMDA coursework on Management topics earned within the immediate *five-years* preceding application submission directly related to the management responsibilities in *your* long term care setting may be submitted for consideration. Medical Management credits can come from such topics as: billing and coding, communications with patients and staff, ethics, risk management, QI, leadership, cultural diversity, regulations, or other topics that pertain to the management responsibilities of the long term care Medical Director.

50% of eligible Medical Management hours must come from AMDCP pre-approved CMD credits. Up to 20% of Medical Management hours may come from self-study activities; the remaining 80% must come from live activities.

ATTACH A CERTIFICATE OF ATTENDANCE OR OFFICIAL TRANSCRIPT FOR EACH ACTIVITY.

Accredited Sponsor's Name and Activity Date (from preceding five-years)	Credit Hours Claimed	Live or Self Study	Title of CME Activity and Pertinence of Activity to LTC (if not evident in title of activity)	AMDCP use only.

AMDA CERTIFICATION PROGRAM EMPLOYMENT VERIFICATION FORM

Applicant Instructions

Completion of this form is necessary to verify experience as a medical director.

1. Fill in your name on the line "Name of Medical Director."
2. The administrator(s) of the facility(ies) in which you currently serve must complete and sign the form to verify current employment as a medical director.
3. Depending on the length of service needed to fulfill the certification requirements (as noted in your application,) the administrator(s) of the facility(s) you have served in the past may be required to verify your employment as a medical director.
4. Copy this form as needed.
5. This completed form must accompany your application.

If you are completing this application using Microsoft Word, you can use your mouse, or tab between form fields to type in your responses.

Dear Facility Administrator:

The American Medical Directors Certification Program administers a certification program for medical directors in long-term care settings. A requirement for certification is that the physician must serve as medical director in a long-term care setting. Employment verification is sought for the individual named below.

Please return this form to the Medical Director named below.

Thank you,
Board of Directors
American Medical Directors Certification Program

Name of Medical Director _____

Name of Facility _____

Type of Facility (e.g., SNF, hospice, subacute) _____

Street Address _____

City _____ State _____ Zip _____

Dates of Employment: from _____ to _____

Number of Hours Service per Month as Medical Director _____

Name of Administrator _____ Phone (_____) _____

Signature of Administrator _____

Date _____

AMDA CERTIFICATION PROGRAM
INDIVIDUALIZED EDUCATIONAL PROGRAM OUTLINE
INITIAL CERTIFICATION
CLINICAL EDUCATION

**COMPLETE THE FOLLOWING IEP PAGES ONLY IF YOU ARE APPLYING
FOR CERTIFICATION UNDER OPTION 3**

To the Applicant:

If you do not have ABMS or AOA Certification in a primary medical specialty, you must complete this documentation to record 75 continuing education hours in clinical medicine related to long term care.

Individualized programs must be approved by the AMDCP Board of Directors **prior** to submission of the completed application. This review of your intended program may save you from efforts that will not qualify for CMD or may encourage you as you move through the process.

Review the information below and submit an outline of your program for review by the AMDCP Board of Directors before you submit your completed application. A form is enclosed to record your clinical hours. Please use the form to give the Board the most complete summary of your plan. You may copy additional pages of the form as needed.

Activities that have been completed, activities in progress, and future activities may be considered. All activities must be completed within three years from the date of application. The enclosed education documentation forms provide space to relate the relevance of each learning activity to clinical issues in long-term.

Pre-approval of your plans by the AMDCP Board is intended to aid the process of completing the certification application. It does not necessarily guarantee the success of your completed certification application, which the AMDCP Board must review separately.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

AMDA CERTIFICATION PROGRAM
INDIVIDUALIZED EDUCATIONAL PROGRAM OUTLINE
INITIAL CERTIFICATION
CLINICAL EDUCATION

Accepted Education Activities

Complete the “CLINICAL MEDICINE CME DOCUMENTATION FORM”; list teaching, presentation topics and publication titles on that form. Record activities completed or scheduled within SIX (6) years of your current certification period.

Continuing Education: 75 credit hours

1. Coursework and Self Study:
 - Self study should be limited to 80% of hours claimed.
 - Face to face (live) coursework has unlimited hours.
 - Up to 10 hours can be claimed from “Grand Rounds”

2. Teaching clinical medicine in long term care: Teaching must be part of an ACGME or AOA post-graduate program. Credit hours are provided once for repeated content.
Maximum number of hours to be considered for teaching 10*

3. Publications related to clinical medicine in long term care: up to a maximum of 5 articles at 2 credits per article.

4. Presentations related to clinical topics in long term care at professional meetings. Credit hours are provided once for repeated content.
Maximum number of hours to be considered for presentations 10

***If you claim teaching hours, please complete the information requested here:**

Level of students: medical student resident/intern fellow practicing physician
 other (please describe) _____

AMDA CERTIFICATION PROGRAM
INDIVIDUALIZED EDUCATIONAL PROGRAM OUTLINE
RECERTIFICATION
MANAGEMENT EDUCATION

Accepted Education Activities

If you are an academician and this Option best represents your education activities, you may continue with the following information and forms; however, you may choose to complete Option 2 instead.

Complete the “MEDICAL MANAGEMENT CME DOCUMENTATION FORM”; list teaching, presentation topics and publication titles on that form. Record activities completed or scheduled within SIX (6) years of your current certification period.

Continuing Education: 75 credit hours

1. Coursework and Self Study:
 - Self study should be limited to 20% of hours claimed. A minimum of 80% of hours must come from live activities.
 - A minimum of 50% of credit hours must come from AMDA provided or AMDCP approved activities.

2. Teaching Medical Management in long term care: Teaching must be part of an ACGME or AOA post-graduate program. Credit hours are provided once for repeated content. Maximum number of hours to be considered for teaching: 10*

3. Publications related to Medical Management in long term care: up to a maximum of 5 articles at 2 credits per article.

4. Presentations related to Medical Management in long term care at professional meetings. Credit hours are provided once for repeated content. Maximum number of hours to be considered for presentations: 10

***If you claim teaching hours, please complete the information requested here:**

Level of students: medical student resident/intern fellow practicing physician
 other (please describe) _____

Please send completed outline to:
American Medical Directors Certification Program (AMDCP)
11000 Broken Land Parkway, Suite 400
Columbia, MD 21044

AMDA CERTIFICATION PROGRAM

AMDA CORE CURRICULUM OBJECTIVES

- *Develop practical skills needed to fulfill the role and responsibilities of the medical director.*
- *Identify the unique aspects of the long term care environment that impact the medical director's job.*
- *Describe the organizational responsibilities and dynamics of the medical director and the interdisciplinary team.*
- *Develop communication skills to deal with responsibilities for the interdisciplinary team, residents, and their families.*
- *Explain the resident care responsibilities of the medical director, including emergency care, quality management, family systems, and ethical considerations.*
- *Enhance leadership skills and team building towards a stronger role for the medical director with the interdisciplinary team.*
- *Develop human resource skills to deal with difficult situations and improve personal effectiveness in this area.*
- *Improve the medical director's ability to learn and practice in the evolving environment of health care delivery.*
- *Apply newly acquired knowledge to daily facility and practice activities.*

Core Curriculum Topic Areas

1. Overview of Long Term Care
2. Regulatory Environment
3. Medical Information Management
4. Infection Control
5. Employee Health & Safety
6. Resident's Rights
7. Financial Issues
8. Introduction to Medical Care Delivery Systems
9. Essential Health Information Tools in Medical Direction (MDS, RAI, OSCAR and others)
10. Medical Staff Oversight
11. Biomedical Ethics
12. Working with Families
13. Medical Director's Contract
14. Personality Profiles
15. Influencing Employee Behaviors
16. Quality Management and Risk Management
17. Integration of Systems Theory
18. Medical Directors Relationship to the Organization
19. Integration of Medical Director's Role and Development of Individualized Action Plans