

## American Medical Directors Certification Program (AMDCP) Recertification at a Glance

AMDCP's recertification process is based on evidence of Clinical and Management education and experience. Recertification is required every six (6) years. The requirements for being recertified as a Certified Medical Director in Long Term Care (CMD) are as follows.

### Step 1: General Recertification Eligibility

- Current certification as a CMD **AND**
- Some service during the past six years in the official capacity as Medical Director or Associate Medical Director in the long term care continuum or equivalent administrative or educational role. You may apply for recertification if you are not currently serving as a medical director at the time of your recertification **AND**
- Current, unrestricted, state medical license in the jurisdiction in which you practice **AND**
- Attendance at a minimum of 1 AMDA National Annual Symposium during the six years of your current certification period.<sup>1</sup>

### Select One Option each from Step Two and Step Three

#### Step 2: Clinical Education Eligibility

##### Option 1

- Sixty (60) hours from the six (6) years of your current certification period of *AMA PRA Category 1 Credits<sup>TM</sup>*, AAFP-approved, or AOA-approved credits in Clinical Medicine. Credits must relate to the population(s) in the long term care setting(s) in which you practice. A minimum of 12 Clinical Education credits hours must come from live activities. Up to 48 Clinical Education credit hours may be from self study.<sup>2</sup>

##### Option 2

- Seventy-five (75) hours of education in Clinical Medicine related to the population(s) in your long term care setting(s). This option provides the opportunity to include equivalent hours for teaching, publishing, and presentation at courses and meetings as well as for course attendance. A minimum of 15 hours of the Clinical Education credits must come from live activities. Up to 60 hours may come from self study activities.<sup>2</sup>
- If you choose this option, please complete the Individualized Education Program (IEP) and submit it for AMDCP review and guidance PRIOR to completing your application.

#### Step 3: Management Education Eligibility

##### Option 1

- Sixty (60) Management Education credit hours relevant to your long term care site of service or academic administrative position. Up to 40 Management Education credit hours may come from AMDCP-approved self-study activities, with a minimum of 20 credit hours must come from live activities. A maximum of 12 Management Education credit hours may be from non-AMDCP approved self study activities.<sup>3</sup>

##### Option 2

- This option provides the opportunity to include equivalent hours for teaching, publishing, and presentation at courses and meetings as well as for course attendance and must include completion of an Individualized Education Program (IEP) in long term care Medical Management for a minimum of seventy-five (75) contact hours from the years of your current certification period<sup>2</sup>. A minimum of 60 Management Education hours must come from live activities. Up to 15 Management Education hours may come from self study activities.<sup>3</sup>
- 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). If you choose this option, please complete the Individualized Education Program (IEP) found at the end of this application and submit it for AMDCP review and guidance PRIOR to completing your application.

<sup>1</sup> Effective January 1, 2007, this eligibility requirement will be phased-in for recertifying CMDs through January 2010.

<sup>2</sup> Up to Fifty-four (54) credit hours earned through SEP studies to sit for renewal of a CAQ in geriatrics can be submitted toward the total number of required credit hours.

<sup>3</sup> A minimum of 50% of your total Management Education hours must come from AMDCP pre-approved Management Education credits. Effective January 1, 2007, this eligibility requirement will be phased-in for recertifying CMDs through January 2010.

**American Medical Directors Certification Program (AMDCP)  
Recertification at a Glance**

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**Application Process**

- 1) Complete and sign the recertification 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 an e-mail 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.

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**Recertification Application Fees**

\$350 AMDA member    \$450 Non-member

**If you need assistance completing your recertification 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 [awilley@amda.com](mailto:awilley@amda.com), 410-740-9743.**

# AMDA CERTIFICATION PROGRAM

## RECERTIFICATION

### SECTION 1: GENERAL ELIGIBILITY INFORMATION

<b>STEP 1:</b>			
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:			

**Current Licensure:** Attach a copy of your current license with expiration date for your primary state of practice.

State:	License #:	Expiration Date:
State:	License #:	Expiration Date:
Total number of hours per month you serve as in the Role as Medical Director:		

### SECTION 2: OPTION SELECTION

Select One Option Each For Step Two And Step Three

Select the Options that best Match your Experience and Education under each Option. See "Recertification 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
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#### STEP 3: MEDICAL MANAGEMENT ELIGIBILITY

I am applying under option:	<input type="checkbox"/> One	<input type="checkbox"/> Two
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List all Long Term Care Facilities in which you currently serve as Medical Director. If you are not currently a Medical Director, please list any facilities in which you have served as a medical director in the past six-years. 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  
RECERTIFICATION**

**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

## RECERTIFICATION 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, 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 signed and dated the application, page 2.
- I have included payment of the application fee, page 3.
- I have signed and dated the “Practice Disclosure Form”, page 4-5.

**Documentation: I have enclosed the following required documentation**

- Copy of current State Medical License (required)
- Practice Disclosure Form, pages 4-5 (required)
- Case/claim information on a separate sheet or on the Confidential Information Detail Form page 6 (as applicable)
- CME certificates recording credit hours in Clinical Medicine education (required)
- CME and/or CMD certificates recording credit hours in Medical Management education (required)

**PAYMENT:**

**Submit the non-refundable application fee of \$350 (for AMDA members) or \$450 (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 for card:

Cardholder’s Signature:

Date:

**AMDA CERTIFICATION PROGRAM  
PRACTICE DISCLOSURE FORM  
Recertification Application**

**ALL RECERTIFICATION 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 six 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:*

**AMDA CERTIFICATION PROGRAM  
PRACTICE DISCLOSURE FORM  
Recertification Application**

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

*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  
CONFIDENTIAL INFORMATION DETAIL  
CASE/CLAIMS HISTORY  
Recertification Application**

**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™*, AAFP-approved, or AOA-approved 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 six-years of your current certification period.**

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

Accredited Sponsor's Name and Activity Date (from preceding six-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 EDUCATION 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 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. **Eligible Medical Management Education credits must come from the six-years of your current certification period.**

**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 FOR EACH ACTIVITY.**

Accredited Sponsor’s Name and Activity Date (from preceding six-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**  
**INDIVIDUALIZED EDUCATIONAL PROGRAM OUTLINE**  
**RECERTIFICATION**  
**CLINICAL EDUCATION**

**COMPLETE THE FOLLOWING IEP PAGES ONLY IF YOU ARE APPLYING  
FOR RECERTIFICATION UNDER OPTION 2**

**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. Complete the “CLINICAL MEDICINE CME DOCUMENTATION FORM” (pages 7-8); list teaching, presentation topics and publication titles on that form. Record activities completed or scheduled within SIX (6) years of your current certification period.**

Activities that have been completed, activities in progress, and future activities may be considered. All activities must be completed within the six years of your current certification period. Use the Clinical Education documentation forms within this recertification application record learning activities relevant to issues in long-term care.

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

**Accepted Clinical Education Activities**

**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.

**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. Complete the ‘MEDICAL MANAGEMENT CME DOCUMENTATION FORM’ (pages 9-10); 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 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