

CATEGORIES OF MEMBERSHIP

CERTIFIED GERIATRIC CARE MANAGER

— Includes those voting members currently practicing Care Management. Members of this category must meet the following prerequisites:

A. Education and experience:

1. A person who holds a Baccalaureate, Masters or Ph.D. degree with at least one degree held in a field related to care management, i.e. counseling, nursing, mental health, social work, psychology or gerontology; is primarily engaged in the direct practice, administration or supervision of client-centered services to the elderly and their families; and has two years of supervised experience in the field of care management following the completion of the degree. OR
2. Non-degreed RNs and other individuals with a Baccalaureate, Masters or Ph.D. degree, who are primarily engaged in the direct practice, administration or supervision of client-centered services to the elderly and their families; and have three years supervised experience in the field of care management.” AND

B. Certification:

1. Holds a current certificate in one of the NAPGCM-Approved Certifications. (CMC, CCM, C-ASWCM, C-SWCM)

ASSOCIATE GERIATRIC CARE MANAGER

— A non-voting member who meets the criteria for membership in the Certified

Geriatric Care Manager category, but does not currently hold one of the NAPGCM-Approved Certifications*.

EMERITUS MEMBER — A non-voting member who is retired from the active practice of Care Management and has been an NAPGCM member in good standing at the Certified Geriatric Care Manager (or its equivalent) level for a minimum of five (5) years.

PROVISIONAL MEMBER — A non-voting member who meets the educational criteria for membership in the Certified Geriatric Care Manager category, but does not have the required 2- or 3-years of experience and does not hold one of the NAPGCM-Approved Certifications*.

STUDENT MEMBER — A non-voting member who is presently enrolled in an undergraduate or graduate program for the purpose of becoming a Certified Geriatric Care Manager. The student shall not be employed as a full-time care manager.

AFFILIATE — A non-voting industry supporter of NAPGCM who is not in the direct practice of care management, but has an interest in the field, including elder law attorneys, physicians, educators, researchers, employees of home health agencies, nursing homes, assisted living facilities, manufacturers or distributors of durable medical equipment or other products or services related to the care of elders. Membership may include up to three company representatives.

RIGHTS & DUTIES OF MEMBERS

NAPGCM Bylaws state that all members have equal rights and duties except that only members in Fellow or Certified Geriatric Care Manager category shall have the right to vote and hold elected office.

All members shall subscribe to the purpose of the Association and shall maintain the standards of practice and code of ethics as set forth by the Association. Any changes or additions to the standards of practice and/or code of ethics must be approved by the Board of Directors.

No member shall have been convicted of, or have pled guilty or no contest to, a felony related to the professional activities of the member. Any member who is formally charged, through an indictment or similar process, with such a felony shall have their membership, and all rights and privileges thereof, automatically suspended pending resolution. A member formally charged as described above shall immediately notify the Association.

Send your application to:

NAPGCM
3275 West Ina Road, Suite 130
Tucson, AZ 85741
Phone 520.881.8008
Fax 520.325.7925

Danielle Montgomery,
Membership Coordinator
dmontgomery@kellencompany.com

Processing of your application will not begin until NAPGCM receives all documents.

Please read and check each box to indicate agreement with these conditions:

- I do and will continue to comply with all relevant state and professional licensing and certification requirements.
- I certify that the statements herein are correct, and I hereby authorize any agency or supervisor to provide relevant information to NAPGCM upon request.
- I acknowledge and accept Rights and Duties of members as outlined on this application.
- I have read and accept the NAPGCM Standards of Practice and Pledge of Ethics.
- I understand that my application will not be processed until all documents are received by NAPGCM.
- I understand that the contact information provided will be published in the Directory and NAPGCM Web site (Emeritus, Provisional, and Student Categories do not appear on the NAPGCM Web site).

Signature _____

Printed Name _____

Date _____

Payment:

Check enclosed

VISA/MC/AMEX # _____

Exp. _____

Cardholder's Name (please print) _____

Signature _____

How did you hear about NAPGCM? Internet Employer Colleague Conference Other