



Application for Certified Clinical Data Manager (CCDM) Renewal

Please type or print all information below, indicate responses where required, sign in the appropriate space and return with the required enclosures to:

Society for Clinical Data Management

Headquarter - Avenue de Tervueren 300, 1150 Brussels /Belgium or

Society for Clinical Data Management

U.S. office - 1444 I Street, Suite 700, Washington, DC 20005 USA or

Society for Clinical Data Management

India office - 410, Madhava, Behind Family Court, Bandra Kurla Complex, Bandra (East), 400051 Mumbai, India

SECTION 1

First Name* _____ Last Name* _____ MI* _____
(*Enter name, as it should appear on the certificate)

Company Name _____
Title _____ Department _____

Mailing Address _____
City _____ State/Province _____
Zip/Postal Code _____ Country _____

Work Phone _____

Fax _____

Email _____

Please include a current copy of your resume or CV, which should include updated Education and work experience since your last application.

CCDMs certified after 2004, will need to accumulate 1.8 CEUs for CCDM renewal or you may choose to take the current CCDM examination.

- I have acquired CEU's
(Please submit the "Submission Form - Certification Maintenance Record Keeping Form (<http://scdm.org/certification/renewal.asp>) listing accumulated CEUs. If non-SCDM CEUs were obtained, please provide copies of the certificates of attendance.
- I will take the CCDM exam

SECTION 2

Fee:

- Renewal Application Fee: \$95
- CCDM Exam: \$250

Method of payment:

- Visa
- Mastercard
- Check enclosed

Credit Card number: _____

Expiration date: _____

Name on card: _____

Signature: _____

**The renewal fee is NON-REFUNDABLE. In the event that your application is rejected, a portion of your examination fee, less administrative and handling costs, may be returned to you. Once the application is accepted, however, no refund will be granted.*

SECTION 3

AUTHORIZATION

I hereby authorize the Society for Clinical Data Management (SCDM) to make whatever inquiries it deems necessary and appropriate to confirm the accuracy of the contents of my application. I agree to provide any additional authorizations necessary to that process. I hereby authorize SCDM to use the information contained in my application and/or examination for purposes of statistical analysis, provided that my personal identifying information has first been deleted.

APPLICATION INFORMATION

I hereby certify that I have reviewed the information contained in this application and that it is complete and truthful. I understand that my presenting false or incomplete information may be cause for loss of eligibility to take the CCDM examination, for denial of my application for re-certification or for revocation of any certification granted.

EXAMINATION

I understand that I may be disqualified from taking or completing the CCDM examination or from receiving examination scores if SCDM determines through proctor observation or otherwise that I engaged in inappropriate behavior during the examination.

CLINICAL DATA MANAGEMENT ACTIVITY

I hereby represent and warrant that I have at all times acted in compliance with the SCDM Code of Ethics and with those laws and regulations applicable to clinical research, including without limitation, the Declaration of Helsinki and applicable U.S. Food and Drug Administration regulations. I understand that conduct at all times in violation of the spirit of the Code of Ethics or applicable laws makes me ineligible to take the certification examination and can be cause for permanent revocation of my certification status.

TERMS AND CONDITIONS OF USE OF THE CCDM CERTIFICATION MARK

I hereby agree that, should I become a re-certified professional, I will abide and be governed by the Terms and Conditions of Use of CCDM Certification Mark, a copy of which has been provided to me.

Candidate's signature _____

Date _____