



*Protecting the Citizens
of Florida*

CDRS

Certified Denial Recovery Specialist

This booklet includes:

1. Easy to follow instructions.
2. Your personal application form.
3. Mandatory forms to collect training documents and recommendations.

Define Yourself as a Professional through Certification.



*Protecting the Citizens
of Florida*

**Certified
Denial Recovery
Specialist (CDRS)**

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*Protecting the Citizens
of Florida*

**Certified
Denial Recovery
Specialist (CDRS)**

1715 South Gadsden Street, Tallahassee, FL 32301
(850) 222-6314 | (850) 222-6247 fax
www.flcertificationboard.org

Preface

The Florida Certification Board (FCB) is a nationally recognized, non-profit professional credentialing organization. In our 25+ years of experience, we have certified over 10,000 health and human services professionals. We have leveraged our success in certifying direct service professionals to develop and administer the nation's first professional credential for individuals who work on the administrative side of health care: Certified Denial Recovery Specialists (CDRS). Individuals holding the CDRS credential have the knowledge and skills necessary to analyze and resolve denied insurance claims to recover payment for health care services.

In order to earn a Denial Recovery Specialist credential, you must:

1. Meet specific competency and ethical conduct requirements;
2. Possess minimum work and experience requirements;
3. Possess minimum education and training requirements;
4. Pass the written exam(s); and
5. Complete minimum continuing education credits annually to maintain a current knowledge base.

Mission

To protect the health, safety, and welfare of the citizens of Florida by regulating our certified professionals through experience, education, and compliance with professional and ethical standards.

Property of the Board

Materials submitted to the FCB as part of the certification process are considered property of the Florida Certification Board. Materials include but are not limited to applications, evaluations, transcripts, and certificates. Applicants are encouraged to keep copies of all materials and paperwork submitted for certification.

All certificates and certification cards are the property of the FCB and must be surrendered upon request.

Board Policy and Procedures

All FCB requirements, policies and procedures are maintained on our website at www.flcertificationboard.org. Applicants and certified professionals are individually responsible for ensuring they are following current FCB policy and procedures.

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Introduction

Denial Recovery Specialists fill a unique role among patient financial services professionals. A CDRS works with the most difficult patient accounts; they analyze the account history to determine why the patient's insurance claim was denied, conduct activities necessary to reverse the denial, and resubmit the corrected claim for payment.

The FCB recognizes that CDRS' work in a wide range of settings, including hospital patient financial services offices, insurance providers, and health care administration management and consultant firms. As such, the CDRS program identifies and defines the core job functions, responsibilities, and knowledge/skills necessary to provide denial recovery services regardless of employer or educational background.

The FCB's certification programs objectively evaluate each applicant's competency and grant recognition, in the form of the CRDS credential, to those professionals who meet the specified minimum competency standards.

Purpose

The purpose of a certification system for Denial Recovery Specialists is to:

1. Assure the public a minimum level of competency for quality services by Denial Recovery Specialists.
2. Give professional recognition to qualified Denial Recovery Specialists through a process that examines demonstrated work competencies.
3. Assure an opportunity for ongoing professional development for Denial Recovery Specialists.
4. Promote professional and ethical practice by enforcing adherence to a Code of Ethics.

Definition of a Certified Denial Recovery Specialist (CDRS)

The Certified Denial Recovery Specialist (CDRS) credential is for those individuals who have demonstrated and maintain professional competency in the field of medical and hospital billing, with a specialization in resolving health insurance claims that have been denied by the patient's insurance provider. The role of a CDRS includes, but is not limited to:

- Researching the denial, including accessing and analyzing relevant hard copy and electronic patient and hospital medical and billing records;
- Taking action to resolve the denial, including correcting errors and dropping new claims, writing letters of appeal, requesting adjustments, and transferring liabilities;
- Following up to ensure claim is resolved and paid by the carrier; and
- Providing superior customer service to internal and external clients.

Certification Standards

The following certification standards are the minimum requirements that must be documented in order to earn the Certified Denial Recovery Specialist certification.

CDRS Standards	
Education	High School Diploma/GED or higher
Experience	If High School Diploma/GED: 3,000 hours of direct experience If AA/Vocational Degree: 2,000 hours of direct experience If Bachelor's Degree or higher: 1,000 hours of direct experience
Training*	A total of 100 hours of training divided among the following content areas. A minimum of 10 hours must be earned for each content area: <ul style="list-style-type: none"> • Medical Billing Foundations • Hospital Billing Cycle • Denied Claims Resolution • Information Systems • Professional Responsibilities
Supervision	Suspended during grandfathering
Recommendation	Suspended during grandfathering
Code of Ethics	Must sign statement agreeing to follow FCB's Code of Ethics
Written Exam	Suspended during grandfathering
Renewal	10 CEUs annually; must include annual legislative update

* Must meet these requirements during the first twelve (12) months of certification and prior to renewal. These forms and directions will be mailed to you with your certification card.

Part I The Certification Process

Easy to follow Instructions

Your Personal Road Map to Certification

The following pages give an overview of the certification process.

The certification process involves the completion of an application form and the gathering of mandatory forms such as documentation of education and work experience.

Please contact the Florida Certification Board if you have any questions along the way:

1715 South Gadsden Street
Tallahassee, FL 32301

(850) 222-6314 *office*

(850) 222-6247 *fax*

www.flcertificationboard.org



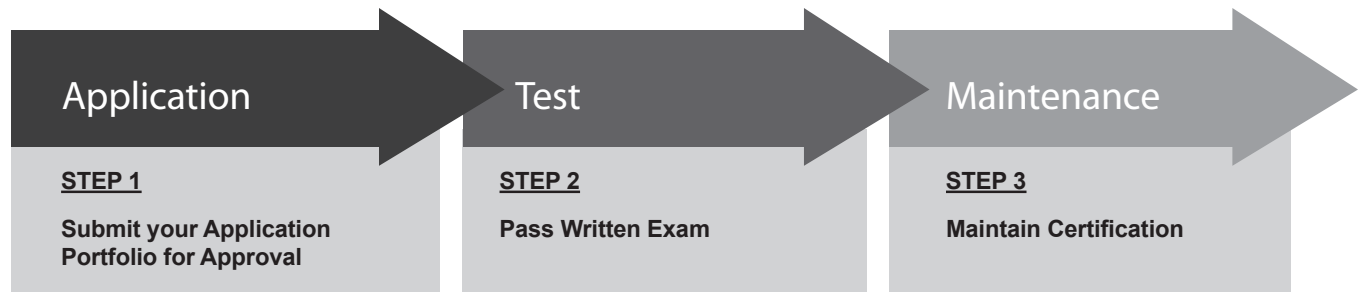
TIPS for Success!

You must gather and assemble multiple components for your application portfolio. We have provided some tips for this process.

- Read the entire application package before you begin.
- Provide each person who completes mandatory forms on your behalf with:
 - A pre-addressed, stamped envelope (addressed to the FCB)
 - The required forms
 - A requested due date to mail the required form(s) to the FCB
- Photocopy entire completed application portfolio before submitting.

PART I The Certification Process and Critical Timeframes

The Certification Process



Guidelines for Certification

1. All applications must be legible. Please type or neatly print on all required forms. If any part of the application is not legible, the applicant will be required to resubmit typed forms in order to continue the certification process.
2. All education, work experience, supervision, and training must be completed prior to applying for certification.
3. All education, experience, supervision and training must include supporting documentation that can be verified or it will not be counted as eligible.
4. Candidates must pay a one-time \$100 certification fee with the application portfolio. This fee is non-refundable and non-transferable.
5. Once the application is complete, make a copy of the entire application portfolio, including supporting documentation, in case of damage or loss. The FCB is not responsible for damage or loss of any materials submitted for the purposes of certification.
6. Applicants are encouraged to begin a file to organize **and store** all certification related correspondence, certificates, letters of verification, etc.



CRITICAL TIMEFRAMES

Applicants have one year in which to complete the certification process. This includes approval of the Application Portfolio and taking and passing the written exam.

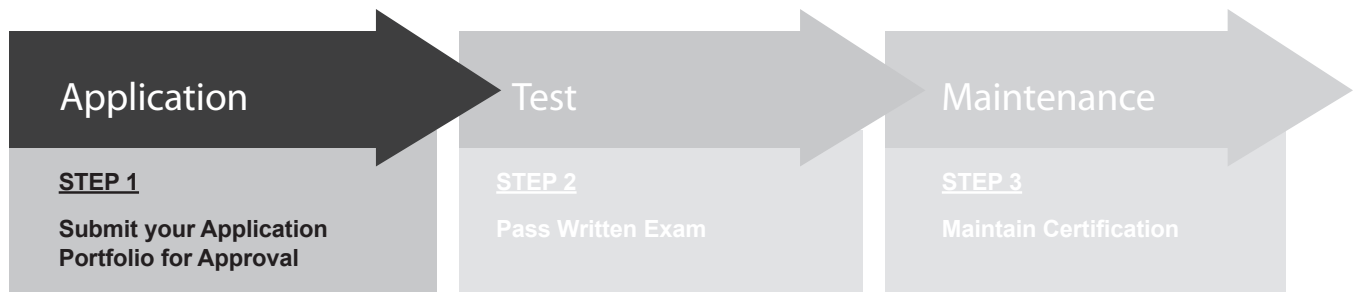
The one-year time frame begins once the completed application is received in the FCB office. Upon initial review, applicants will be informed of their out-of-time-date.

Applicants will receive a reminder that they are in danger of running out of time three months prior to their out-of-time date. Once time has run out, final notification will be sent which includes the necessary steps for continuing the process.

PART I Application Portfolio

APPLICATION PORTFOLIO

The application portfolio consists of several documents that demonstrate the applicant's competency in the knowledge and skills specifically related to the functions of a CDRS.



The Application Portfolio consists of:

1. Application for Certification in Denial Recovery
2. Experience Verification Form

Each form is included in this manual; forms must be typed or neatly printed.

The FCB reserves the right to research all submitted information and associated documentation.

Additional information will be used only to further evaluate an applicant and will be held confidential.

PART I Application Portfolio (continued)

1) APPLICATION

Please carefully fill out each section of the CDRS application form.

Section 1: Demographic Information

Section 5: Background Authorization Form

Section 2: Educational Background

Section 6: Assurance and Release

Section 3: Background Information

Section 7: Code of Ethics

Section 4: Voluntary Demographic Information

- This application must be completed in its entirety.
- Partial, incomplete, or illegible applications will be returned to the applicant.
- All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification.
- Applications will not be reviewed until the \$100 non-refundable Certification Fee has been received.
- All college/university degrees must be earned through an accredited college/university that is recognized by the U.S. Department of Education, as published for the Council for Higher Education Accreditation.



The FCB may refuse to issue a credential to any applicant, may issue a reprimand, or suspend or revoke the credential of any certified individual who has been convicted of a felony, is found to have been in violation of the Code of Ethics, or falsifies any information on the application or in the Application Portfolio.

FCB requires all certification applicants to indicate whether or not the applicant has ever been convicted of a felony or first-degree misdemeanor.

If the applicant indicates “yes” in this section of the application, the applicant must select one of the following options to provide the FCB with a current and complete background check for review and consideration.

1. Submit an additional \$20 fee and the FCB will run a national background check.
2. Contact the Florida Department of Law Enforcement (FDLE), pay the required fee (at time of printing, the fee is \$24), and request that FDLE submits the completed background check directly to FCB. Note: FCB can NOT accept the background check from anyone other than FDLE.

PART I Criminal Background

3. If you work in an agency that requires a background check as a condition of employment, the employing agency may submit a statement, on agency letterhead, verifying a clean or acceptable criminal background. Note: If you have been arrested subsequent to the date this criminal background check was obtained, you may not use this option.
4. If you have completed a background check within 6 months prior to applying for certification, you may request that the company or employer who ran the background check submit a copy of the background report directly to FCB. Note: The FCB can NOT accept the background check from anyone other than the reporting or employing agency.

CRIMINAL BACKGROUND REVIEW POLICY

1. Applicants must be released from all court-ordered and/or voluntary supervision to be eligible for certification.
2. Applicants with less than 12 months of a clean background are not eligible for certification until the 12 month period has been attained.
3. Applicants with 13 to 23 months of a clean background since release from supervision may petition the Board of Directors for a waiver. Instructions will be provided to those applicants requesting a waiver.
4. If the applicant has ever been convicted of a crime against a child, the applicant is not eligible for certification.
5. If the applicant has ever been convicted of a crime against persons, the applicant's criminal background report will be submitted to the FCB Board of Directors for review and action.
6. All other issues will be reviewed for action by the FCB Director of Certification.

ARREST AND/OR INCARCERATION AFTER CERTIFICATION

In the event of an arrest and/or conviction of a felony or first degree misdemeanor, the certified individual must notify the FCB of such occurrence within five (5) business days of the arrest. The FCB will place the certified individual on inactive status until the charges are resolved and/or all court-ordered or voluntary supervision has been completed.

In the instance that the charge(s) are dropped, the certified individual may submit a copy of such to the FCB and request reinstatement.

In the instance of conviction, and upon completion of all court-ordered and/or voluntary sanctions, the individual may petition the Board of Directors for reinstatement.

The FCB reserves the right to perform background checks on any certified individual, at any time, and for any reason. Applicants are not eligible for certification unless the Authorization for Criminal Background Check Form is completed and on-file with the FCB.

PART I Experience Verification Form

The following sections provide detailed information on how to complete each mandatory form.

2) EXPERIENCE VERIFICATION FORM

REQUIRED EXPERIENCE

Experience is defined as the hours the applicant has spent performing hospital or physician office revenue cycle/Patient Financial Services (PSF) related duties.

The number of hours required of experience depends on the applicant's educational background:

- Applicants holding a High School Diploma/GED must document **at least 3,000 hours** of experience
- Applicants holding an AA/Vocational Degree must document **at least 2,000 hours** of experience
- Applicants holding a Bachelor's Degree or higher must document **at least 1,000 hours** of experience

ALL experience must be gained prior to applying for certification.

CALCULATING EXPERIENCE HOURS

Experience hours are calculated as follows:

- 1-year of full-time employment at 40-hours per week equals 2,080 hours.
- If the applicant worked fewer than 40-hours per week, actual work hours must be calculated on an hour-for-hour basis.

DOCUMENTING EXPERIENCE

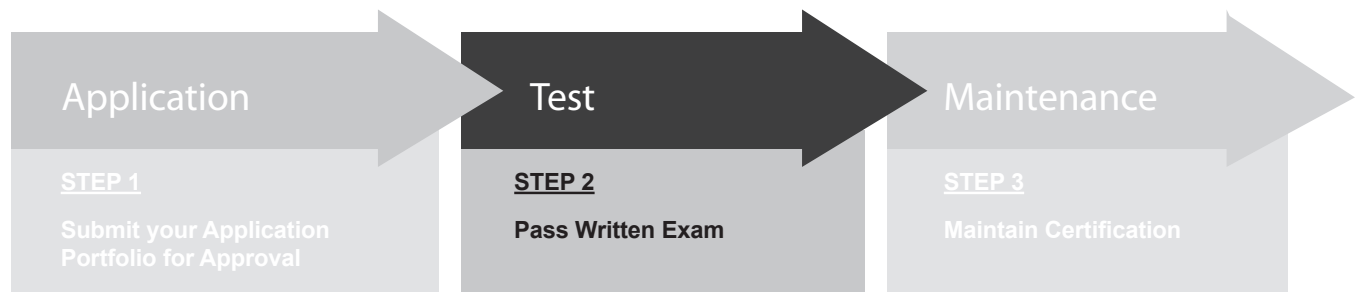
The Experience Verification Form is used to document the applicant's prior work experience in the field of hospital or medical billing.

The applicant must provide the **Experience Verification Form** to the employer's personnel officer, supervisor or designee for completion and signature. This form MAY NOT be signed by a relative or spouse. The personnel officer or supervisor must complete the form and mail it directly to the FCB. The FCB will NOT accept experience verification provided by the applicant.

If multiple agencies need to verify experience, the applicant must make copies of the Experience Verification Form for each individual employer to complete.

PART I Written Exam and Credential Maintenance

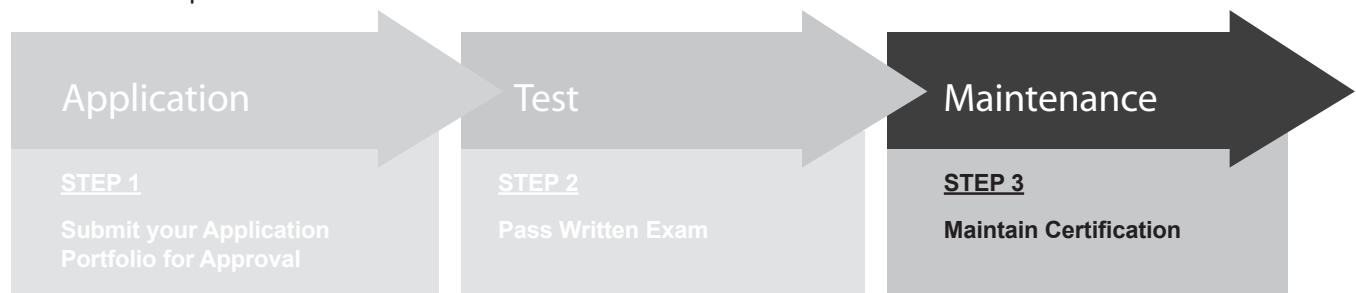
WRITTEN EXAMINATION



During the Grandfathering Period applicants are not required to pass the written exam. Applicants must meet this requirement during the first twelve (12) months of certification and prior to renewal.

CREDENTIAL MAINTENANCE

Upon award you move into the credential maintenance phase, which includes annual continuing education and renewal requirements.



CONTINUING EDUCATION UNITS (CEUs)

CDRS' must earn 10 Continuing Education Units (CEUs) each year to maintain certification. Typically, CDRS' may seek CEU training content that is directly related to at least one of the credential's performance domains: Research and Analysis, Problem Resolution, or Administrative and Professional Responsibility. However, the FCB does reserve the right to require certified individuals to complete specific training courses/content when there is a significant change or advancement in the health care field. Certified individuals will always have a minimum of 12 months to complete any specified training requirements.

PART I CEU Audit and Renewal

The FCB accepts CEUs from any of the FCB's approved training providers (see our webpage for a current listing of approved providers), any accredited college or university, or other state or national programs including, but not limited to:

- Healthcare Financial Management Association (HFMA)
- Centers for Medicare & Medicaid Services (CMS)
- American Academy of Professional Coders (AAPC)
- American Association of Healthcare Administrative Management (AAHAM)
- American Medical Association (AMA)
- American Health Information Management Association (AHIMA)

CEU AUDIT

The FCB uses a random computer-generated audit system to confirm CEU requirement compliance. Approximately 25 percent of the certified population will be audited each year. While this means that not everyone will be audited every year, each CDRS can expect to be audited at least once every four years. Once audited, an individual's name is not removed from the pool.

When audited, the individual must submit documentation supporting the CEUs earned during the renewal period (November through October of the previous year).

If an individual is audited and does not submit the required CEUs, the FCB will open an ethics case and the certification will be suspended until the ethics case has been resolved.

RENEWAL

Certification must be renewed no later than October 31 of each year.

To renew a certification, the certified individual must:

1. Pay the renewal fee no later than October 31 of each year.
2. Complete the required number of hours of continuing education throughout the renewal year.
3. Submit documentation of continuing education, if audited.

A certification validation card is the official documentation that the CDRS has renewed certification. The card will be mailed to the individual after fees have been received and CEUs validated.

PART I Inactive Status and Appeals Process



INACTIVE STATUS

An individual is in either certified or inactive status. While on inactive status, the credential may not be used.

A CDRS may move from certified to inactive status in several ways:

1. Failure to pay annual renewal fees will automatically result in inactive status. The certified individual must contact the FCB to reinstate a credential for non-payment of renewal fees.
2. A suspension or revocation due to ethical violation will result in inactive status. The FCB will notify the individual when he or she is eligible for reinstatement.
3. A certified individual may request inactive status, yet remain in good standing, for a maximum of three years. The certified individual must contact the FCB to reinstate a credential voluntarily placed on inactive status. If the certified individual allows more than three years to pass prior to requesting reinstatement, the FCB will close the credential and the individual must apply anew.



APPEALS PROCESS

When an applicant is denied certification, questions the result of the application portfolio review, questions examination results, or is subject to an action by the FCB or its agents that he/she deems unjustified, the applicant has the right to an inquiry and appeal.

An inquiry is when an applicant requests a written summary from the FCB or its agents that explains the reason for the action in question. If the applicant does not agree with the decision of the FCB, he/she may request a hearing to appeal the action.

The applicant may appeal the decision of the FCB within 30-days of receipt of the summary notice or any other action deemed unjustified, by sending a certified letter to the President of the FCB Board of Directors at the FCB office.

THE APPEAL HEARING

All Appeal Hearings are oral, face-to-face meetings between the applicant and the Hearing Committee.

Within 20 business days after receipt of the applicant's request for an appeal hearing, the President of the Board will appoint a three-person Hearing Committee consisting of individuals who have no potential or actual conflict of interest with either side.

The FCB will send, by certified mail, a notice of the Hearing Committee to the appealing party. The hearing will be scheduled no less than 20 business days and no more than 90 business days from the date of the hearing notice.

Part II Application Portfolio

Your Application Portfolio Forms

The following list identifies each mandatory form for the application portfolio:

The blue forms are part of the application process and should be filled out by the applicant and mailed to the FCB. These blue forms include:

- **Application**

The beige forms must be completed by others and mailed to the FCB. These forms include:

- **Experience Verification Form**

Provide this form to your current or previous employer and ask them to complete the form and mail it directly to the FCB.

Florida Certification Board
1715 S. Gadsden Street
Tallahassee, FL 32301



TIPS for Success!

These application forms should be completed by YOU, the applicant, and mailed to the FCB by the applicant.

- CDRS Application

The following form must be completed by the applicant's employer's personnel officer or designee and must be mailed to the FCB by the personnel office.

- Experience Verification Form

Denial Recovery Specialist Application

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$100 non-refundable Certification Fee has been received.

Florida Certification Board
1715 S. Gadsden Street Tallahassee, FL 32301
850-222-6314 Phone 850-222-6247 Fax

Section 1 - Demographic Information

Last Name _____ First Name _____

Middle/Maiden Name _____ DOB _____ SSN _____

Address _____ County _____

City _____ State _____ Zip Code _____ Home Phone _____

Place of Employment _____ Address _____

City _____ State _____ Zip Code _____ Work Phone _____

E-mail _____ Work Fax _____

Please use the following address for correspondence: Home Work

Section 2 - Educational Background

Postsecondary Education: List all high school, technical or trade school, community college, college or university, or other institution from which you have received a diploma and/or degree.

School Name	Location of School (City/State)	Degree Type	Date Degree Earned

Note: Educational transcripts must be sent directly to the FCB from the educational institution to be considered official.

1. Is the name on your transcript the same as on this application? Yes No _____
2. Have you previously submitted an official transcript to the FCB? Yes No _____

If yes, please indicate the credential you hold: _____

Denial Recovery Specialist Application (continued)

This application must be completed in its entirety. Partial, incomplete, or illegible applications will be returned to the applicant. All statements made on this application are subject to verification. False statements, omissions, or alterations to this application may be grounds to disqualify an applicant from certification. Applications will not be reviewed until the \$100 non-refundable Certification Fee has been received.

Section 3 - Background Information

Have you ever been convicted, pled nolo contendere, or had adjudication of guilt withheld for a crime which is a felony or first degree misdemeanor? No Yes

If you have answered “yes”, please indicate which method you will use to provide the FCB with a current and complete criminal history report for review and action:

- I would like the FCB to run a national background check. I have included an additional \$20 payment with my application.
- I have contacted the Florida Department of Law Enforcement and they will be sending my background report.
- I work for an agency that requires a background check as a condition of employment. My employing agency will be submitting a statement verifying a clean/acceptable criminal background.
- I have had a criminal background check within the last 6 months. The reporting agency will be submitting a copy of the background report.

Section 4 - Voluntary Demographic Information

Although the following information is not mandatory, it is requested to assist the FCB in its commitment to equal certification opportunity and affirmative action. It is unlawful for an organization to fail or refuse certification to any individual because of race, color, religion, national origin, marital status, or handicap.

- I prefer NOT to provide the FCB with my demographic information.*

Ethnicity:

- | | | |
|--|--|---|
| <input type="checkbox"/> Black (non-Hispanic Origin)
Persons having origins in any of the black racial groups of Africa. | <input type="checkbox"/> Hispanic
Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin. | <input type="checkbox"/> White (non-Hispanic origin)
Persons having origins in any of the groups from Europe, North Africa, or the Middle East. |
| <input type="checkbox"/> Native American
Persons having origins in any of the original native tribes of the Americas and Alaska. | <input type="checkbox"/> Asian or Pacific Islander
Persons having origins in any of the peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands. | <input type="checkbox"/> Multi-racial/Multi-ethnic
Persons having any origins from any of the described races and/or ethnicities. |

Date of Birth _____ Gender: Female Male

Authorization for Criminal Background Check

Section 5

As a condition of my candidacy for certification with the Florida Certification Board (FCB), I understand that the FCB may conduct a criminal background check. I understand that, once certified, I may be selected for random audit to assure compliance with the FCB Code of Ethics regarding criminal activity.

By signing this Acknowledgement and Authorization, I authorize the Florida Certification Board, IntelliCorp, and/or any other company authorized by the FCB, to access such information as may be necessary to conduct a criminal background check.

I release from liability all persons and entities supplying such information. I indemnify the Florida Certification Board, IntelliCorp, and/or other company authorized by the FCB, against any liability which may result from making such requests.

I believe to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of the Acknowledgment and Authorization.

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Social Security Number: _____ Date of Birth: _____

Sex: _____ Race: _____

Signature: _____ Date: _____

FCB USE ONLY

Certification Specialist: _____

Approved

File Number: _____

Pending BOD Approval

Certification Level: _____

Denied

Assurance and Release Form

Section 6

The FCB reserves the right to request further information from all employers and other persons listed on the application form. The Board and its review committees also reserve the option of requesting an oral interview with the applicant. This information will be used strictly to evaluate the professional competence of the applicant and will be kept confidential by the FCB. Further information may also be requested to verify training, employment history, etc. This information is not available to others outside of the certification process without written consent from the applicant.

"I give my permission for the FCB and its staff to investigate my background as it relates to statements contained in this application. I understand that intentionally false or misleading statements or intentional omissions shall result in the denial or revocation of certification."

"I consent to the release of information contained in my application, certification file or other pertinent data submitted to or collected by the FCB to officers, members and staff of the aforementioned Board."

"I further agree to hold the FCB, its officers, Board members, employees and examiners free from any civil liability for damages or complaints by reason of any action that is within the scope of the performance of their duties which they may take in connection with this application and subsequent examinations and/or failure of the FCB to issue certification."

"I hereby affirm that the information provided on this form is correct and that I believe that I am qualified for the level of certification for which I am applying."

Print Full Name

Date

Signature

Acknowledgement of the FCB Code of Ethics

Section 7

FCB Code of Ethics can be downloaded at www.FLCertificationBoard.org/Ethics.cfm

By initialing and signing below, you understand that you are required to follow the professional standards of conduct detailed in the FCB Code of Ethics. You further acknowledge that the FCB Code of Ethics applies to applicants for certification and certified individuals. Your initials and signature are required in this section.

By affixing my initials and signature below...

"I acknowledge that I have received a copy of the FCB's most current Code of Ethics and will be responsible for obtaining all future amendments and modifications thereto."

Initial Here

"I further acknowledge that I have read and understood all of my obligations, duties and responsibilities under each principle and provision of the FCB's Code of Ethics and will read and understand all of my obligations, duties and responsibilities under all future amendments and modifications to the Code of Ethics."

Initial Here

Print Full Name

Date

Signature

Please clearly print your name as you would like it to appear on your Certification Certificate. There is a \$15.00 reprinting fee for any error not made by the FCB office.

Experience Verification Form

Hello. The applicant named below is applying for certification with the Florida Certification Board. As part of the application process, the applicant must provide verification of related experience in the field of hospital or medical billing.

Please complete this form and mail to the Florida Certification Board at 1715 South Gadsden Street, Tallahassee, FL 32301. Please call us at 850-222-6314 if you have any questions.

Thank you.

Applicant's Name: _____

Applicant's Title: _____

Employer/Agency Name: _____

City/State: _____

Applicant's Date(s) of Employment: From: ___/___/___ To: ___/___/___

Hours Worked per Week: _____

Average # of hours per week spent working with denial recovery issues: _____

Please provide a detailed description of the applicant's duties:
You may attach a copy of the position description in lieu of describing the job duties, if applicable.

Your Name: _____ Phone Number: _____

Title: _____ E-mail: _____

"By my signature I acknowledge that the above material is true, to the best of my knowledge."

Personnel Officer/Volunteer Supervisor/Designee's Signature Date

