



2026 Certification Examination Application

Salutation: _____ Name: _____ Member ID: _____
(As you would like your name to appear) (If you are an existing member or have previously applied)

Title: _____ Organization: _____

Business Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Email: _____

Preferred Mailing Address (If different from above): _____

City: _____ Province: _____ Postal Code: _____

Alt. Tel (Home/Work/Cell): _____ Alt. Email: _____

Have you previously applied for this certification examination? N Y _____ (Year applied)

Please indicate which examination you wish to write: CRTWC CDMP

Please indicate location of examination: _____

WDA Grant Application (available to BC Residents only)

I have applied for funding and submitted the complete application including pages 1 and 3 directly to nidmar@nidmar.ca Y N

Transcripts

I have requested transcript(s) from the following institution(s) to be submitted directly to NIDMAR

1. _____
2. _____

Membership in Canadian Society of Professionals in Disability Management (CSPDM)

This Application is also your application to become a member of the Canadian Society of Professionals in Disability Management ([CSPDM](#)) at no additional cost, should you successfully complete your certification examination.

Please check the following if applicable:

- You wish to become a member of the CSPDM.
- You wish to have your name published in any professional register.

Statement of Understanding

I hereby guarantee that the information submitted for this certification application accurately documents my education and employment experience.

Signature: _____ Date: _____



Submission addresses and instructions noted at the bottom of the checklist on page 2

Certification Examination Application Instructions

PLEASE DO NOT mail or email your application package in. Applications will ONLY be accepted through the Certification NIDMAR site - <https://certification.nidmar.ca>

Full step-by-step instructions:

https://scribeshow.com/viewer/NIDMAR_Certification_Application_for_CDMPCRTWC_O_zmr7vDQsufyOk64MjGlg?referrer=workspace

Did you remember to include everything?

1. Application Documents

- **Certification Examination Application** Completed in full, signed and dated
- **Education Summary** completed in full, use another page if necessary
- **Letter of Attestation** signed and dated by yourself and your supervisor, on the employer's letterhead, verifying employment criteria.

2. Financial Information

- **Funding Application if applicable** WDA Grant Application – for BC Residents only **is not to be included in your certification application**, this is to be sent separately to nidmar@nidmar.ca and must include both pages 1 and 3.
- **Online payment with credit card**
- **E-transfer – contact Manager of Member Services for details**
- **cheque –we will not make adjustments for you if your payment is not received in time.**

3. Education Information

Official academic transcripts and course certificates must be uploaded (A transcript will be considered official only if it bears the seal of the institution and the signature of the registrar.) *or can be emailed to certification@nidmar.ca directly from educational institution of issue.*

4. Application Fee

Please remit the **non-refundable** application fee of \$150.00 - to be processed online

5. Policy and Procedures

Before submitting your application, please review the Policies and Procedures

- [CRTWC Policies and Procedures](#)
- [CDMP Policies and Procedures](#)