

Care-First Case Manager Education for Independent Adjusters Accreditation application form



Contact information

Name of course provider: _____

Contact person at course provider: _____

Phone number: _____

Email address: _____

Course information

Name of course: Care-First Case Manager Education for Independent Adjusters

Start date of course (mm/dd/yyyy): _____

End date of course (mm/dd/yyyy) (maximum three years): _____

Method of course delivery

Attendance verified by (check all that apply):

☐ Instructor-led in-person training

☐ Sign-in & sign-out sheets

☐ Virtual instructor-led training

☐ Electronic attendance tracking

☐ Self-paced online learning

☐ Successful completion of assessment

Course time

Indicate example of course start/end time; applies only for in-person and/or live webinar delivery.

Start time: _____ End time: _____

Number of days in course: _____

Course content format

Specify the requested format for receipt of the course content:

- | | |
|------------------------------------|---|
| ☐ HTML | ☐ SCORM 2004 3 rd Edition |
| ☐ SCORM 1.2 | ☐ SCORM 2004 4 th Edition |

Acknowledgement

- ☐ By checking this box, I confirm I have read and agree to the Government of Alberta Terms and Conditions of Use.
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- ☐ I have included the non-refundable fee of \$100 payable to the Alberta Insurance Council via cheque, VISA/Mastercard, Money on Account.

Submitted by (electronic signature or typed full name is acceptable):

Date of submission (mm/dd/yyyy): _____

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The Materials consist of technical product education and case-management education. The technical product education will provide case managers and independent adjusters with an understanding of the technical product components of Care-First relevant to their role, while the case-management education will provide case managers with an evidence-based case management training program, covering principles of case-management in a care model.

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