

Case Management Society of New England
74 Buckboard Rd., Duxbury, MA
Tel.: 603-329-7481
Email: CMSNE@CMSNE.org Website: www.CMSNE.org

Policy # 11-96

Date: Revised January 14, 2019

Policy: CMSNE Extension Application Process

1. CMSNE will accept application for Extension development from any group of interested individuals/professionals within the New England Region. The interested group must consist of at least ten (10) people who are either members or are eligible for membership to CMSA.
2. The application must be completed in full, with a designated contact person, who is a member in good standing of CMSNE, identified.
3. The CMSNE Vice President will act as a liaison to interested and newly formed extensions of CMSNE, in helping to develop, plan and communicate needs of extension.
4. The CMSNE President will contact the designated person within thirty (30) days of receipt of application to discuss the potential for Extension Status.
5. The Board of Directors of CMSNE will review each Extension application within sixty (60) days of receipt, and determine the appropriateness of supporting the Extension's development with consideration given to:
 - geographical location and identified boundaries
 - the number of interested parties and potential members
 - the overall best interest of the CMSNE Chapter and CMSA
6. CMSNE will support a maximum six (6) Extensions at any given time.
7. Each potential member must join CMSA and pay National and current Chapter dues within three (3) months of the initial Extension application submittal.
8. CMSNE will provide the contact person of the developing Extension with Extension resources, including position descriptions of officers, by-laws, articles of incorporation and Extension Guidelines.
9. A ratified application and letter of agreement will be signed by the incumbent President and the Extension designee and will be kept on file with the CMSNE Executive Director.

Signed Off:

Mary McClintock RN, MSN, CCM
Mary McClintock, 2017-19 President
CMSNE

Date: 1/15/19



EXTENSION APPLICATION

CMSNE, 74 Buckboard Rd., Duxbury, MA 02332
Phone: 603-329-7481 CMSNE@CMSNE.org

Date: _____

Proposed Region for Extension: _____

Name of Principle Contact: _____

Phone# of Contact: _____ Email of Contact: _____

of individuals/professionals for initial membership: _____

that are currently CMSA/CMSNE members: _____

Attach list of individuals interested in forming CMSNE Extension.

The primary reason/interest for Extension development in this area are: _____

Interest group meetings have been held have not been held other _____

Date(s) of interest meeting(s): _____

Location of interest group meeting(s): _____

Please attach attendance list and minutes from meeting(s).

Once established as an Extension of CMSNE, this group will:

Plan and deliver a regional CM conference Yes No

Encourage member participation in CMSNE's annual conference Yes No

Name a program chair Yes No

Have CMSNE Treasurer handle Extension funds Yes No

For office use only

Date received _____

Application reviewed by Executive Board _____ Date _____

Notes/Comments _____

Extension materials provided _____