

1. I attest that all information contained in my application is true and accurate. I understand that any false, inaccurate or misrepresented facts included herein will constitute grounds for the disqualification and/or revocation of the awarded certification.
2. I understand that it is my responsibility to provide any requested documentation in connection with this application. I further understand that my application could be audited to verify my eligibility.
3. I have read and understood the information provided in the Continuing Certification Program Candidate Handbook. I also agree to comply with all policies and procedures as set forth by HMDCB.
4. I understand that I can be disqualified from taking or continuing to take the annual longitudinal assessment or from receiving assessment results if HMDCB determines I have inappropriately shared the copyrighted questions by publicly posting them for non-certificants to see/review.
5. If I am recertified, I understand that HMDCB receives and responds to requests for information about the certification status of those holding its credential. I understand and agree that HMDCB may also use anonymous and aggregate application and assessment data for statistical and research purposes.
6. I agree to indemnify, release and hold harmless HMDCB, its Board of Directors, committees, and representatives, from any complaint, claim, or damage arising out of any action or omission by any of them in connection with this application, the application process, any assessment given by HMDCB, any score relating thereto, the failure to issue me any certificate, or any demand for forfeiture or redelivery of such certificate.
7. **CODE OF CONDUCT:** Certification by the Hospice Medical Director Certification Board (HMDCB) carries an obligation for ethical behavior and professionalism in all conduct. Ethical behavior and professionalism expected of all candidates includes: 1) submitting accurate, valid information; 2) respecting the confidentiality of assessment questions and content, including not allowing any person or organization to have access to, to look at, or to be informed about any materials for the assessment.; 3) maintaining an unrestricted medical license in the United States, its territories, or Canada; 4) accurately representing certification status at all times; and 5) maintaining ethical and professional behavior in all conduct. ***I acknowledge and accept that I have read and agree to abide by HMDCB's Code of Professional Conduct as written above.***