

CREDENTIALLED MUNICIPAL FINANCE APPLICATION FOR RENEWAL



Registration # _____

Name _____
Last First Middle

Title _____

Employer _____

Municipality

Mailing Address _____

Street Address City/Village Zip

() / () / _____
Telephone Fax Number Email Address

Recertification can be obtained upon completion of 20 hours of in-service education courses, completion of the recertification application and submission of a fee of \$20.00

A. IN-SERVICE COURSES (attach additional sheet if necessary)

| <u>DATE</u> | <u>TRAINING OR WORKSHOP TITLE</u> | <u>SPONSOR</u> | <u>ACTUAL HRS.</u> | <u>ESTIM. PTS.</u> |
|-------------|-----------------------------------|----------------|------------------------|------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

TOTAL ESTIMATED POINTS _____

Please attach official certifications for all training *other than* NYCOM Fall Training School.
 I do hereby apply for recertification of the Credentialed Municipal Finance Officer designation by the Credential Committee and I hereby attest that the statements and presentations are accurate and true to the best of my knowledge.

Signature _____ Date _____