

NORTH CAROLINA CERTIFIED MUNICIPAL CLERK PROGRAM

School of Government, University of North Carolina at Chapel Hill
North Carolina Association of Municipal Clerks

Initial Certification

Recertification

APPLICATION FOR DESIGNATION AND RECERTIFICATION

DEADLINE: POSTMARKED BY **March 31, 2021**

Date: _____

Personal Information (As you want it to appear on the Certificate)

Name (Last, First, MI): _____

Title: _____ Governmental Unit: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Email Address: _____

Media and/or local government official to receive an email announcing your NCCMC certification status:

(If more than one, send additional information on another sheet)

Name: _____

Title: _____ Email: _____

For Initial Certification Designation please complete the information below. Recertifications, please also fill out page 2.

Please check each applicable space below and enclose the supporting documentation as indicated.

***BOTH OF THE FOLLOWING MUST APPLY:**

I am currently a full-time municipal clerk or deputy clerk; AND

I am currently an active member of the North Carolina Association of Municipal Clerks and have been for a **minimum of two (2) years.**

***AT LEAST ONE (1) OF THE FOLLOWING MUST APPLY:**

I have previously received the Certified Municipal Clerk or Master Municipal Clerk designation from the International Institute of Municipal Clerks; (Enclose copy of award letter or certificate from IIMC); **OR**

I have successfully completed all course requirements for the IIMC Clerks' Certification Institute at the School of Government (SOG), including passage of the written examination. (Enclose copy of certificate); **OR**

I have successfully completed the Municipal and County Administration Course at the SOG. (Enclose copy of certificate); **OR**

I have a minimum of three (3) years' experience as a full-time municipal clerk or deputy clerk, and will need to take the NCCMC Examination. The NCCMC Exam passing score is 80. All applicants are given two (2) opportunities to take the exam per year, or a new application fee will be required.

I have enclosed a **copy** of the \$100 non-refundable application fee in which **I have directly mailed to the NCLM for payment.** (Fee includes a framed North Carolina Certified Municipal Clerk Certificate.) **Checks should be made payable to: NCAMC C/O NCLM Treasurer 434 Fayetteville Street, Suite 1900 Raleigh NC 27601**

I hereby apply for the North Carolina Certified Municipal Clerk status with the North Carolina Association of Municipal Clerks and the School of Government. I acknowledge that continuous membership in the North Carolina Association of Municipal Clerks, and recertification every five (5) years, is required to retain and use the North Carolina Certified Municipal Clerk designation.

Signature: _____ Date: _____

Please mail application and supporting documentation to: City Clerk's Office: Attn: Angela Reece, 160 Sixth Ave. East, Hendersonville, NC, 28792. **** Please mail checks for payment to the NCLM and only include a copy in your application packet.**

CERTIFICATES WILL BE PRESENTED ANNUALLY AT THE NCAMC SUMMER ACADEMY

You may also email your application and any supporting documentation to areece@hvlnc.gov. Any questions may be addressed to Angela Reece by calling (828) 697-3005, or by emailing areece@hvlnc.gov

THIS SECTION MUST BE COMPLETED FOR RECERTIFICATION

Recertification as a North Carolina Certified Municipal Clerk can be maintained as long as the Clerk obtains 30 hours of continuing education and participation every five (5) years. Recertification is required every five (5) years and the recertification period begins July 1 in the year you received your certification. Recertification forms must be postmarked by March 31 in the year your certification expires.

Please list all continuing education and participation points accumulated since last certification (all documentation supporting the points must be attached).

Clerks' Regional Academies:
Dates attended/hours _____ total _____

Master Municipal Clerk Academy Classes
Dates attended/hours _____ total _____

Other School of Government Courses/work related course
Course name/date/hrs _____ total _____

Other IIMC Courses not sponsored by the School of Government
Course name/date/hrs _____ total _____

Member of the Executive Board (2 hours per year served)
Chair of NCAMC Committee (2 hours per year served)
Member of NCAMC Committee (1 hour per year served)
Committee/date _____ total _____

Host of NCAMC Spring Regional Meeting (1 hour per year served)
Date _____ total _____

Total _____
(Must total at least 30 hours)

I have enclosed a **copy** of the \$50 non-refundable application fee in which **I have directly mailed to the NCLM for payment**, which includes a new North Carolina Certified Municipal Clerk certificate. ***Checks should be made payable to: NCAMC C/O NCLM Treasurer 434 Fayetteville Street, Suite 1900 Raleigh NC 27601***

I hereby re-apply for the North Carolina Certified Municipal Clerk status with the North Carolina Association of Municipal Clerks and the School of Government. I acknowledge that continuous membership in the North Carolina Association of Municipal Clerk, and recertification every five (5) years, is required to retain and use the North Carolina Certified Municipal Clerk designation.

Signature: _____ **Date:** _____

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