

CMCE RECERTIFICATION PETITION

NAME: _____
TITLE: _____
INSTALLATION: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____ **FAX:** _____
E-MAIL: _____

EDUCATION CREDITS
(Since last certification)

ANNUAL IMCEA CONFERENCES/MWR EXPOS ATTENDED:

YEAR	CITY
_____	_____
_____	_____
_____	_____
_____	_____

REGIONAL IMCEA WORKSHOPS ATTENDED:

YEAR	CITY
_____	_____
_____	_____
_____	_____
_____	_____

MISCELLANEOUS WORKSHOPS, CONFERENCES, SEMINARS, ETC.
(OTHER THAN IMCEA):

YEAR	CITY	LOCATION	HOST	TYPE FUNCTION
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FORMAL EDUCATION BEYOND HIGH SCHOOL:

SCHOOL	CITY&STATE	DATES ATTENDED	COURSE	DEGREE
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MILITARY MWR/SERVICES COURSES:

YEAR	LENGTH	BRANCH	COURSE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**ASSOCIATION CREDITS
(Since last certification)**

NATIONAL AND CHAPTER OFFICES HELD:

OFFICE	DATES	TOTAL YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEMBERSHIPS:

IMCEA MEMBER	DATES	TOTAL YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SPONSORSHIP OF IMCEA MEMBERS
IMCEA MEMBER**

DATES

IMCEA AFFILIATE CHAPTER MEMBERSHIPS

CHAPTER	DATES	TOTAL YEARS
_____	_____	_____
_____	_____	_____
_____	_____	_____

IMCEA ATTENDANCE AT CHAPTER MEETINGS

0.1 Point awarded per meeting attended

Please indicate dates of meetings attended: Chapter: _____

_____	_____	_____
_____	_____	_____
_____	_____	_____

REMARKS: (List published articles, speeches, etc.)

REMARKS CON'T

I hereby petition for RECERTIFICATION as a CERTIFIED MILITARY COMMUNITY EXECUTIVE and swear or affirm that the above information is complete, true, and accurate, to the best of my knowledge and understand that is subject to verification.

SIGNATURE **DATE**

IMMEDIATE SUPERVISOR'S CERTIFYING ENDORSEMENT

By my signature I certify that I am the applicant's immediate supervisor, and that I have reviewed the information submitted hereon and recommended that the applicant's request for certification be accepted

Signature **Date**

Official Position or Title

Official Mailing Address

City State Zip

The continuing professional development of military community executives is essential to enable them to cope with rapidly changing conditions and technology in the industry. To remain certified, a military community executive must accumulate 20 professional credit points every three years. Credit will only be earned with the credit value corresponding to the attached education and association point system. For each recertification petition, a fee of \$50 will be required. Please send to: IMCEA Headquarters

**PO Box 690219
Killeen, TX 76549
Phone: 770.396.2101 Fax: 770.396.2198
imcea@imcea.com**

FOR NATIONAL OFFICE USE:

CERTIFIED BY: **DATE:**
