Certified Local Government Purchasing Officer Application for Recertification

Issue date of last certification:	_ Date:	
Applicant's Name:		
Employer: Telepho	one:	
Address:		
City:	_Zip:	
Email: Fax:	Fax:	
Recertification points (10 required) Formal Education: 4 points College/University:		
Degree:]	Date:	
Other college courses (attach transcripts)		
Total Fo	ormal Education:	pts
Service:	sional Education:	pts
Board of Directors :		
Years served @ 1 point/yr.	pts	
Committee Service:	01	
Committee year	-	-
Committee year	_ @ 1 point ea	pts
Instructor:	@ 1 noint as	nto
Course (s) year	-	-
Course (s) year	_ • 1 point ea	pis
	Total Service:	pts
Total Cer	rtification Points:	pts

Professional Education

Seminar Title*	Date	Taken	Points**
			pts
		Total Professional Education	pts

Use additional sheet if needed

- * Furnish details if not sponsored by the School of Government or CAGP.
- ** Seven (7) hours of instruction = 1 point