

CERTIFIED COUNTY CLERK (CCC) PROGRAM
School of Government, University of North Carolina – Chapel Hill
North Carolina Association of County Clerks (NCACC)

APPLICATION FOR MASTER CERTIFICATION

PERSONAL INFORMATION

Name (As it will appear on the certificate): _____

Title: _____ Governmental Unit: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail address: _____

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

I am currently an active member of the North Carolina Association of County Clerks.

I received my first certification in _____ (year). I received my last certification in _____ (year).

Designation as a North Carolina Master County Clerk will require a prerequisite of six years as a NC Certified County Clerk and 45 hours of continuing education. Certification forms must be received by the Chair of the Certification Committee on or before January 31 in the year your certification expires. A copy of your transcript from the NC School of Government or other proof of attendance at North Carolina Association of County Clerk's academy classes and schools is required for proof of the required 45 hours for initial Master certification. Once the master certification is achieved, the advanced certification can be maintained as long as the Clerk accrues the requisite hours of continuing education. Please refer to the NC Certified County Clerk Program document for more information.

Please list trainings/conferences attended since last certification (attached required documentation):

- | | | |
|--------------------------|--|-------------|
| <input type="checkbox"/> | Clerks' Regional Academies
Dates attended/hrs _____ | total _____ |
| <input type="checkbox"/> | Master Municipal Clerk Academy classes
Dates attended/hrs _____ | total _____ |
| <input type="checkbox"/> | Other School of Government courses/work related course
Course name/date/hrs _____ | total _____ |
| <input type="checkbox"/> | Member Executive Board (4 hrs per year served)
Dates served _____ | total _____ |

- Chair of Clerks' Association Committee (2 hrs per year served) and/or Member of Committee (1 hr per year) and date _____ total _____

- NC Association of County Commissioners Annual Conference (location/date; credit hours based on actual hours in work blocks– must have proof of registration and conference agenda accompanying certification sheets identifying work blocks attended) _____ total _____

- National Association of Counties Annual Conference or Legislative Goals Conference (1 hr) -- *must show proof of registration* location/date _____ total _____

- Hosting the Clerk's Conference or a State Association (NCACC, NACo or other) (3 hrs) location/date _____ total _____

- Other course work; webinars; certifications that enhance the ability to perform Duties as Clerk (hourly credit) *must show proof of registration* location/date _____ total _____

Grand Total: _____

- I have enclosed the \$35 certification fee, which covers the certificate. (Please make checks payable to the UNC School of Government.)
 The Association will incur the costs of and present an initial North Carolina Certified Master County Clerk nameplate along with the certificate to the recipients at the annual spring conference of the North Carolina Association of County Clerks.

I hereby apply for certification status as a Master County Clerk with the North Carolina Association of County Clerks and the School of Government. I acknowledge that continuous membership in the North Carolina Association of County Clerks is required to retain and use the NCMCC Designation.

Signature: _____

Date: _____

NOTE: Designation as a North Carolina Master County Clerk is valid for three years. Please refer North Carolina Certified County Clerk Program document for recertification information.

Request a Transcript for the NC School of Government at: www.sog.unc.edu/webforms/transcript-request-form

Certificate of Attendance

Date and Time: _____ Location: _____

Participant's Name: _____

Sponsor of Course: _____

Course Program/Title:

By signing below, I certify that I attended the above-entitled Course.

Signature

Date

Attach agenda and mark referenced course.