

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

**APPLICATION FOR RECERTIFICATION**

**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 last certification in \_\_\_\_\_ (year).

Recertification is required every three (3) years and the recertification period begins March 1 in the year you received your certification. Recertification 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 thirty (30) hours for recertification.*

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 _____ |
| <input type="checkbox"/> | Chair of Clerks' Association Committee (2 hrs per year served) |             |
|                          | Committee/date _____   | total _____ |

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

Grand Total: \_\_\_\_\_

I have enclosed the \$35 recertification fee, which includes a certificate. (Please make checks payable to the UNC School of Government.)

I hereby apply for recertification status as a North Carolina Certified County Clerk (NCCCC) 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 NCCCC Designation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE:** Designation as a North Carolina Certified County Clerk is valid for three years. Recertification is required and failure to submit a recertification form, fee and required documentation to the Chair of the Certification Committee of the North Carolina Clerk's Association on or before January 31 of the year recertification is required will result in a lapse of said designation. To reinstate said designation, a new application must be submitted. (Once received, it will be forwarded to the School of Government and a copy to the President of the NC Clerk's Association.)

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Attach agenda and mark referenced course.