

Certificate in Innovation, Efficiency and Accountability in Government

The Certificate of Completion is awarded to members who have successfully completed 15 credit hours, 2.5 credits in each of the ALEC tracks, in addition to ALEC Legislator Training and the Member Orientation. To obtain credit hours, participants may attend courses offered at any one of the three yearly ALEC meetings, or attend academies or approved webinars. Certificates will demonstrate proficiency in innovation, efficiency and accountability in government. Please read and complete each section fully and accurately in clear, legible handwriting or type. All qualifying experience and professional development activities must be completed at the time the application is submitted. The completed application and full payment must be received in the ALEC office.

** Starting at 2015 Annual Meeting each qualifying hour of continuing education equals one credit hour. Workshops are 1.25 credits, ALEC Academies are 6.5 credits and select webinars are 1 credit. Please email Jeff Lambert, jlambert@alec.org with questions.*

Please initial each page and mail, fax, or email a PDF of your completed application to:

Mail: ALEC Certificate of Completion Program
2900 Crystal Drive, Suite 600, Arlington, VA 22202

Fax: 703-373-0927

Email: membership@alec.org

Receipt of your application will be acknowledged within two weeks.

Section 1: Applicant Information

I have completed all applicant information and noted where I would like the Certificate of Completion mailed.

Section 2: Qualifying Legislative Experience

I have been a legislator within the last year and I am serving in the current legislative session.

Section 3: Qualifying Member Orientation

I have completed onsite member orientation.

Section 4: Qualifying Legislator Training

I have completed onsite legislator training.

Section 5: Professional Development Activities

I have completed at least 15 of qualifying professional development within the past five years in fulfillment of program requirements.

Applicant Information:

(Please check which address below you would like to be used for mailed Certificate of Completion.)

Applicant Name: _____

Legislative Title: _____

Preferred Email: _____

Business Address: _____

City/State/Zip: _____

Business Telephone: _____

Home Address: _____

City/State/Zip: _____

Home Telephone: _____ Personal Email: _____

Payment:

All fees must accompany the application. The application fee is \$30 for ALEC members and \$50 for nonmembers and is non-refundable processing fee.

Payment type:

Check enclosed (payable to the American Legislative Exchange Council) Visa MasterCard American Express Discover

Cardholder Name: _____

Credit Card Account #: _____

Expiration Date: _____ Zip Code of Billing Address: _____

Signature: _____

Most Recent Qualifying Legislative Position:

Salutation: _____ From _____ / _____ / _____ To _____ / _____ / _____

State and Chamber: _____

Member Orientation:

Date: _____ Meeting: _____

Presenter: _____

Legislator Training:

Date: _____ Meeting: _____

Presenter: _____

Detailed Listing of Professional Development Activities:

Title of Workshop/Webinar/Academy: _____

Date(s): _____ Number of Credits: _____

Presenter(s): _____

Description: _____

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Presenter(s): _____

Description: _____

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Title of Workshop/Webinar/Academy: _____

Date(s): _____ Number of Credits: _____

Presenter(s): _____

Description: _____

Title of Workshop/Webinar/Academy: _____

Date(s): _____ Number of Credits: _____

Presenter(s): _____

Description: _____

Title of Workshop/Webinar/Academy: _____

Date(s): _____ Number of Credits: _____

Presenter(s): _____

Description: _____

(If needed, attach additional sheets with title of program, presenter information, date, number of ALEC credits, and description to document sufficient professional development.)

Total number of credits submitted: _____

Print Name and Date: _____

Signature: _____